

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L16000155918

**Entity Name:** GATEWAY OFFICE CENTER, LLC

**Current Principal Place of Business:**

933 LEE RD  
SUITE 400  
ORLANDO, FL 32810

**Current Mailing Address:**

933 LEE RD  
SUITE 400  
ORLANDO, FL 32810 US

**FEI Number:** 81-3680503

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

SOUTHEASTERN REALTY GROUP, INC.  
933 LEE RD  
SUITE 400  
ORLANDO, FL 32810 US

*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.*

**SIGNATURE:** BRYAN JOHNSON

03/08/2024

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

|                 |                                    |                 |                         |
|-----------------|------------------------------------|-----------------|-------------------------|
| Title           | MGR                                | Title           | MGR                     |
| Name            | SCHOOLFIELD, KEVIN                 | Name            | SCHOOLFIELD, CHERYL     |
| Address         | 933 LEE RD<br>SUITE 400            | Address         | 933 LEE RD<br>SUITE 400 |
| City-State-Zip: | ORLANDO FL 32810                   | City-State-Zip: | ORLANDO FL 32810        |
|                 |                                    |                 |                         |
| Title           | COO                                |                 |                         |
| Name            | SOUTHEASTERN REALTY GROUP,<br>INC. |                 |                         |
| Address         | 933 LEE RD<br>SUITE 400            |                 |                         |
| City-State-Zip: | ORLANDO FL 32810                   |                 |                         |

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** KEVIN SCHOOLFIELD

MGR

03/08/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date