

2015 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M08000002671

Entity Name: 7 BO OF CENTRAL FLORIDA, LLC**Current Principal Place of Business:**1350 CITY VIEW CENTER
OVIEDO, FL 32765**Current Mailing Address:**1350 CITY VIEW CENTER
OVIEDO, FL 32765**FEI Number:** 26-2653444**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**DREW, HILL
1350 CITY VIEW CENTER
OVIEDO, FL 32765 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:** DREW HILL

01/20/2015

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title MGRM
Name HILL, R. GREGG
Address 1350 CITY VIEW CENTER
City-State-Zip: OVIEDO FL 32765

Title MGRM
Name HILL, MARSHA G
Address 1350 CITY VIEW CENTER
City-State-Zip: OVIEDO FL 32765

Title MGRM
Name HILL, RAYMOND GJR.
Address 1350 CITY VIEW CENTER
City-State-Zip: OVIEDO FL 32765

Title MGRM
Name HILL, ANDREW G
Address 1350 CITY VIEW CENTER
City-State-Zip: OVIEDO FL 32765

Title MGRM
Name HILL, CAMERON G
Address 1350 CITY VIEW CENTER
City-State-Zip: OVIEDO FL 32765

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: ANDREW HILL**MANAGER**

01/20/2015

Electronic Signature of Signing Authorized Person(s) Detail

Date