

**2017 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M1600009098

**Entity Name:** AHIP FL FORT MYERS ENTERPRISES LLC

**Current Principal Place of Business:**

11660-401 WEST GEORGIA STREET  
VANCOUVER, BC V6B 5A1

**Current Mailing Address:**

11660-401 WEST GEORGIA STREET  
VANCOUVER, BC V6B 5A1 CA

**FEI Number:** 81-4159131

**Certificate of Status Desired:** No

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

PARACORP INCORPORATED  
155 OFFICE PLAZA DRIVE, 1ST FLOOR  
TALLAHASSEE, FL 32301 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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Authorized Person(s) Detail :**

Title           MANAGER  
Name           O'NEILL, ROBERT F  
Address        11660-401 WEST GEORGIA STREET  
City-State-Zip: VANCOUVER BC V6B 5A1

Title           MANAGER  
Name           MCAULEY, IAN  
Address        11660-401 WEST GEORGIA STREET  
City-State-Zip: VANCOUVER BC V6B 5A1

Title           MANAGER  
Name           MURPHY, MICHAEL  
Address        11660-401 WEST GEORGIA STREET  
City-State-Zip: VANCOUVER BC V6B 5A1

Title           MANAGER  
Name           FRANK, RICHARD  
Address        11660-401 WEST GEORGIA STREET  
City-State-Zip: VANCOUVER BC V6B 5A1

Title           MANAGER  
Name           MILLER, DAN  
Address        11660-401 WEST GEORGIA STREET  
City-State-Zip: VANCOUVER BC V6B 5A1

*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:** ROBERT O'NEILL

**MANAGER**

**04/27/2017**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date