

2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L00000004997

Entity Name: EASTROPE, LLC

Current Principal Place of Business:

1619 NEW LEGEND COURT
TALLAHASSEE, FL 32312

Current Mailing Address:

1619 NEW LEGEND COURT
TALLAHASSEE, FL 32312

FEI Number: 59-3649839

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

NAFF, ROSE M
1619 NEW LEGEND COURT
TALLAHASSEE, FL 32312 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 MGRM
Name NAFF, ROSE MMS.
Address 1619 NEW LEGEND COURT
City-State-Zip: TALLAHASSEE FL 32312

Title MGRM
Name MURRAY, JOHN RMR.
Address 40 LINWOOD ROAD
City-State-Zip: STONEHAM MA 02180

Title MGRM
Name MULLA, MARJORIE
Address 214 NEVILLE CIRCLE NE
City-State-Zip: PALM BAY FL 32907

Title MGRM
Name PAULA, HERSHENSON
Address 3900 PONDEROSA ROAD
City-State-Zip: GRANT-VALKARIA FL 32950

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: ROSE M NAFF

MGRM

03/29/2015

Electronic Signature of Signing Authorized Person(s) Detail

Date