

**2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L04000012608

**Entity Name:** SOLORIDER MANAGEMENT, LLC

**Current Principal Place of Business:**

5823 BOWEN DANIEL DRIVE  
APT. 1601  
TAMPA, FL 33616

**FILED**  
**Jan 11, 2017**  
**Secretary of State**  
**CC7128129590**

**Current Mailing Address:**

5823 BOWEN DANIEL DRIVE  
APT. 1601  
TAMPA, FL 33616 US

**FEI Number:** 20-0736722

**Certificate of Status Desired:** No

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

BERKMAN, MONROE E  
5823 BOWEN DANIEL DRIVE  
APT. 1601  
TAMPA, FL 33616 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 C  
Name BERKMAN, MONROE E  
Address 5823 BOWEN DANIEL DRIVE  
APT. 1601  
City-State-Zip: TAMPA FL 33616

Title VP  
Name BERKMAN, SUZETTE M  
Address 5823 BOWEN DANIEL DRIVE  
APT. 1601  
City-State-Zip: TAMPA FL 33616

Title CCOO  
Name NUSSBAUM, PAUL  
Address 5823 BOWEN DANIEL DRIVE  
APT. 1601  
City-State-Zip: TAMPA FL 33616

Title VP  
Name WINIKOFF, KIRSTEN B  
Address 5823 BOWEN DANIEL DRIVE  
APT. 1601  
City-State-Zip: TAMPA FL 33616

*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: MONROE E. BERKMAN**

**CHAIRMAN**

**01/11/2017**

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

\_\_\_\_\_  
Date