

2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000065596

Entity Name: EAST FOREST, LLC**Current Principal Place of Business:**15380 84TH AVENUE N
PALM BEACH GARDENS, FL 33418**Current Mailing Address:**15380 84TH AVENUE N
PALM BEACH GARDENS, FL 33418 US**FEI Number:** 51-0522780**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**GANSZ, SHERIESE J
15380 84TH AVENUE N
PALM BEACH GARDENS, FL 33418 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	GANSZ, SHERIESE J
Address	15380 84TH AVENUE N
City-State-Zip:	PALM BEACH GARDENS FL 33418

Title	MGRM
Name	GANSZ, PETER J
Address	15380 84TH AVENUE N
City-State-Zip:	PALM BEACH GARDENS FL 33418

Title	MGRM
Name	DIVINE, CYNTHIA Q
Address	15380 84TH AVENUE N
City-State-Zip:	PALM BEACH GARDENS FL 33418

Title	MGRM
Name	DIVINE, WILBUR F
Address	15380 84TH AVENUE N
City-State-Zip:	PALM BEACH GARDENS FL 33418

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: SHERIESE J GANSZ**MANAGER****04/14/2019**_____
Electronic Signature of Signing Authorized Person(s) Detail_____
Date