

**2013 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L05000042002

**Entity Name:** TEAM PLUS MANAGEMENT, LLC

**Current Principal Place of Business:**

2801 NORTH OCEAN BOULEVARD  
GULFSTREAM, FL 33483

**Current Mailing Address:**

C/O ADI RAPPOPORT, ESQ  
777 S FLAGLER DR 500 E  
WEST PALM BEACH, FL 33401

**FEI Number:** 20-2757650

**Certificate of Status Desired:** No

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

VANDER WOLK, JEFFERSON F  
2801 NORTH OCEAN BOULEVARD  
GULFSTREAM, FL 33483 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 VANDER WOLK, JEFFERSON F  
Address 2801 NORTH OCEAN BOULEVARD  
City-State-Zip: GULFSTREAM FL 33483

*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 608, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** JEFFERSON F. VANDER WOLK

MGRM

04/29/2013

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

\_\_\_\_\_  
Date