

2015 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 JOEL T. STRAWN, ESQ.
54 NORTHEAST FOURTH AVENUE
DELRAY BEACH, FL 33483 US

FEI Number: 20-2757650

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

STRAWN, JOEL T ESQ.
54 NORTHEAST FOURTH AVENUE
DELRAY BEACH, 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: JOEL T. STRAWN

02/09/2015

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

SIGNATURE: JEFFERSON F. VANDER WOLK

MGMR

02/09/2015

Electronic Signature of Signing Authorized Person(s) Detail

Date