

2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000008281

Entity Name: LOWEN MANAGEMENT, LLC

Current Principal Place of Business:

5003 NW 24TH CIRCLE
BOCA RATON, FL 33431

Current Mailing Address:

5003 NW 24TH CIRCLE
BOCA RATON, FL 33431

FEI Number: 20-4165342

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

LOWEN, NATHANIEL A
5003 NW 24TH CIRCLE
BOCA RATON, FL 33431 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 PRES
Name LOWEN , NATHANIEL A
Address 5003 NW 24TH CIRCLE
City-State-Zip: BOCA RATON FL 33431

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: NATHANIEL A LOWEN

PRESIDENT

01/25/2016

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date