

**2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L06000106102

**Entity Name:** IOVINE MANAGEMENT GROUP, LLC

**Current Principal Place of Business:**

6501 SW 61ST ST  
MIAMI, FL 33143

**Current Mailing Address:**

P.O. BOX 431775  
MIAMI, FL 33243

**FEI Number:** 26-0672980

**Certificate of Status Desired:** No

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

IOVINE, SCOTT  
6501 SW 61ST ST  
MIAMI, FL 33143 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           | MGR             | Title           | MGRM            |
| Name            | IOVINE, SCOTT M | Name            | OLIVA, SHARLYNE |
| Address         | P.O. BOX 431775 | Address         | P.O. BOX 431775 |
| City-State-Zip: | MIAMI FL 33243  | City-State-Zip: | MIAMI FL 33243  |

*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:** SHARLYNE OLIVA

**PRESIDENT**

**04/05/2017**

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

\_\_\_\_\_  
Date