

**2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000007581

**Entity Name:** 160 DEGREES OF COCONUT CREEK, LLC

**Current Principal Place of Business:**

4437 LYONS ROAD  
E-105  
COCONUT CREEK, FL 33073

**Current Mailing Address:**

4437 LYONS ROAD  
E-105  
COCONUT CREEK, FL 33073 US

**FEI Number:** 26-4235619

**Certificate of Status Desired:** No

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

MALTESE HOLDINGS CORP.  
4437 LYONS ROAD  
E-105  
COCONUT CREEK, FL 33073 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 MALTESE HOLDINGS CORP.  
Address 4437 LYONS ROAD  
E-105  
City-State-Zip: COCONUT CREEK FL 33073

Title MGRM  
Name MALTESE, JAMIE C  
Address 4437 LYONS ROAD  
E-105  
City-State-Zip: COCONUT CREEK FL 33073

Title MGRM  
Name MALTESE, DENISE C  
Address 4437 LYONS ROAD  
E-105  
City-State-Zip: COCONUT CREEK FL 33073

Title MGRM  
Name MALTESE, KATHLEEN K  
Address 610 W. LAS OLAS BLVD. UNIT 517N  
City-State-Zip: FORT LAUDERDALE FL 33312

Title MGRM  
Name MALTESE, ANTHONY JSR.  
Address 610 W. LAS OLAS BLVD. UNIT 517N  
City-State-Zip: FORT LAUDERDALE FL 33312

*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:** JAMIE MALTESE

**PRESIDENT**

**04/17/2014**

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

\_\_\_\_\_  
Date