

**2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000042251

**Entity Name:** CONSOL 1605, LLC

**Current Principal Place of Business:**

9264 SLOANE ST  
ORLANDO, FL 32827

**Current Mailing Address:**

9264 SLOANE ST  
ORLANDO, FL 32827 US

**FEI Number:** 27-0513838

**Certificate of Status Desired:** No

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

PEARLMAN, CRAIG S  
2 S. ORANGE AVENUE  
5TH FLOOR  
ORLANDO, FL 32801 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  
Name STANCHINA, MARY LYNN  
Address 9264 SLOANE ST  
City-State-Zip: ORLANDO FL 32827

Title MGR  
Name STANCHINA, ADAM  
Address 8670 FARTHINGTON WAY  
City-State-Zip: ORLANDO FL 32827

Title MGR  
Name STANCHINA, MATTHEW  
Address 1206 N PARK AV  
City-State-Zip: WINTER PARK FL 32789

*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:** MARY LYNN STANCHINA

MGR

03/04/2016

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

\_\_\_\_\_  
Date