

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000083507

**Entity Name:** TENANT MENTORSHIP, LLC

**Current Principal Place of Business:**

50 BISCAYNE BLVD., SUITE 4201  
MIAMI, FL 33132

**Current Mailing Address:**

50 BISCAYNE BLVD., SUITE 4201  
MIAMI, FL 33132

**FEI Number: 45-2817409**

**Certificate of Status Desired: No**

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

BETH E. LINZNER PA  
2295 NW CORPORATE BOULEVARD  
SUITE 235B  
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 MGR  
Name CICERONE, ANGEL F  
Address 50 BISCAYNE BLVD. SUITE 4201  
City-State-Zip: MIAMI FL 33132

*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: ANGEL CICERONE**

**PRESIDENT**

**04/06/2015**

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

\_\_\_\_\_  
Date