#### 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: BARBARA TRIA

Electronic Signature of Signing Authorized Person(s) Detail

12376 SW 82ND AVE. PINECREST, FL 33156 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.

#### SI

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Title	MGR	Title	MGR
Name	TRIA, VINCENT AJR.	Name	TRIA, BARBARA F
Address	6975 SW 108TH STREET	Address	6975 SW 108TH STREET
City-State-Zip:	PINECREST FL 33156	City-State-Zip:	PINECREST FL 33156

IGNATURE:		
	Electronic Signature of Registered Agent	
uthorized Person(s) Detail :		

# **Current Mailing Address:**

6975 SW 108TH STREET PINECREST, FL 33156

6975 SW 108TH STREET PINECREST, FL 33156

#### FEI Number: 46-1819215

## Name and Address of Current Registered Agent:

Entity Name: CORAL PINE ADVISORS, LLC

**Current Principal Place of Business:** 

PRAHL, JOHN T

2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT DOCUMENT# L12000116835

## Certificate of Status Desired: No

MANAGER

Date

02/16/2016

### FILED Feb 16, 2016 Secretary of State CC6299597494

Date