

**2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L12000135950

**Entity Name:** NASHVILLE SKYLINE LLC**Current Principal Place of Business:**133 SEVILLA AVENUE  
CORAL GABLES, FL 33134**Current Mailing Address:**133 SEVILLA AVENUE  
CORAL GABLES, FL 33134 US**FEI Number:** 46-1276469**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CORPORATE CREATIONS NETWORK, INC.  
11380 PROSPERITY FARMS ROAD #221E  
PALM BEACH GARDENS, FL 33410 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            | KADRE, MANUEL         |
| Address         | 5345 HAMMOCK DRIVE    |
| City-State-Zip: | CORAL GABLES FL 33156 |

|                 |                       |
|-----------------|-----------------------|
| Title           | MGRM                  |
| Name            | MAROONE, ALBERT E     |
| Address         | 401 E. LINTON #563    |
| City-State-Zip: | DELRAY BEACH FL 33483 |

|                 |                          |
|-----------------|--------------------------|
| Title           | MGRM                     |
| Name            | MAROONE, MICHAEL E       |
| Address         | 909 POINCIANA DR.        |
| City-State-Zip: | FORT LAUDERDALE FL 33301 |

|                 |                         |
|-----------------|-------------------------|
| Title           | MGRM                    |
| Name            | DWORS, ROBERT           |
| Address         | 790 EAST BROWARD BLVD.  |
| City-State-Zip: | FT. LAUDERDALE FL 33301 |

*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:** MANUEL KADRE

MGRM

02/23/2016

Electronic Signature of Signing Authorized Person(s) Detail

Date