## 2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L12000160661

Entity Name: GEO REENTRY SERVICES, LLC

**Current Principal Place of Business:** 

621 N.W. 53RD STREET, SUITE 700

BOCA RATON, FL 33487

## **Current Mailing Address:**

621 N.W. 53RD STREET, SUITE 700 BOCA RATON, FL 33487

FEI Number: 46-1260559 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:

Date Electronic Signature of Registered Agent

Authorized Person(s) Detail :

Title MGR Title MGR

ZOLEY, GEORGE C Name Name EVANS, BRIAN R

621 N.W. 53RD STREET, SUITE 700 Address Address 621 N.W. 53RD STREET, SUITE 700

City-State-Zip: BOCA RATON FL 33487 BOCA RATON FL 33487 City-State-Zip:

Title **PRESIDENT** Title MGR

Name SCHLARB, ANN BULFIN, JOHN J Name

Address 621 N.W. 53RD STREET, SUITE 700 Address 621 N.W. 53RD STREET, SUITE 700

**BOCA RATON FL 33487** City-State-Zip: City-State-Zip: **BOCA RATON FL 33487** 

AUTHORIZED MEMBER Title **AUTHORIZED MEMBER** Title

Name MARCH, SHAYN Name GRAYER, LOREN

Address 621 N.W. 53RD STREET, SUITE 700 Address 621 N.W. 53RD STREET, SUITE 700

City-State-Zip: BOCA RATON FL 33487 BOCA RATON FL 33487 City-State-Zip:

Title AUTHORIZED MEMBER Title AUTHORIZED MEMBER

Name BRACK, RONALD MAIER, MARCEL Name

621 N.W. 53RD STREET, SUITE 700 Address 621 N.W. 53RD STREET, SUITE 700 Address

City-State-Zip: **BOCA RATON FL 33487** BOCA RATON FL 33487 City-State-Zip:

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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.

03/06/2015 **MANAGER** SIGNATURE: JOHN J. BULFIN

Electronic Signature of Signing Authorized Person(s) Detail

Date

**FILED** Mar 06, 2015

**Secretary of State** 

CC3592019526

## **Authorized Person(s) Detail Continued:**

Title AUTHORIZED MEMBER Title AUTHORIZED MEMBER

Name BARRAS, BLAKE Name CARRILLO, LOUIS

Address 621 N.W. 53RD STREET, SUITE 700 Address 621 N.W. 53RD STREET, SUITE 700

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