

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L13000092268

**Entity Name:** POWERLINE TOUR MANAGEMENT, LLC

**Current Principal Place of Business:**

16701 COLLINS AVENUE  
SUNNY ISLES BEACH, FL 33160

**Current Mailing Address:**

16701 COLLINS AVENUE  
SUNNY ISLES BEACH, FL 33160

**FEI Number: 46-3069968**

**Certificate of Status Desired: No**

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

SCOTT LIEBERMAN, P.A.  
7390 NW 5TH STREET  
SUITE 10  
PLANTATION, FL 33317 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 PTM MANAGER, LLC  
Address 3850 HOLLYWOOD BOULEVARD,  
SUITE 400  
City-State-Zip: HOLLYWOOD FL 33021

*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: PTM MANAGER LLC**

**MANAGER**

**04/22/2015**

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

\_\_\_\_\_  
Date