

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L13000146249

**Entity Name:** EASTWOOD MANAGEMENT SOLUTIONS, LLC

**Current Principal Place of Business:**

5346 SW 91ST TER  
GAINESVILLE, FL 32608

**Current Mailing Address:**

PO BOX 141522  
GAINESVILLE, FL 32614 US

**FEI Number: 46-3900093**

**Certificate of Status Desired: No**

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

COFFEY, ANDREW M  
5346 SW 91ST TER  
GAINESVILLE, FL 32608 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 MULLERSMAN, ANTHONY P  
Address 226 21ST AVE SE  
City-State-Zip: SAINT PETERSBURG FL 33705

Title MGRM  
Name COFFEY, ANDREW M  
Address 5346 SW 91ST TERRACE  
City-State-Zip: GAINESVILLE FL 32608

Title MGRM  
Name NORTH, JARED M  
Address 266 E 78TH ST. # 14  
City-State-Zip: NEW YORK NY 10075

Title MGRM  
Name SAPIR, ARYE  
Address 92 SHERMAN AVE.  
City-State-Zip: WOODMERE NY 11598

Title AUTHORIZED MEMBER  
Name HODES, CORY  
Address 543 SW 6TH AVE  
City-State-Zip: GAINESVILLE FL 32601

*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: ANTHONY MULLERSMAN**

**MANAGING MEMBER**

**04/27/2015**

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

\_\_\_\_\_  
Date