

**2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L13000146249

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

**Current Principal Place of Business:**

300 E UNIVERSITY AVE. SUITE 110  
GAINESVILLE, FL 32601

**Current Mailing Address:**

300 E UNIVERSITY AVE. SUITE 110  
GAINESVILLE, FL 32601 US

**FEI Number:** 46-3900093

**Certificate of Status Desired:** No

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

COFFEY, ANDREW M  
300 E UNIVERSITY AVE. SUITE 110  
GAINESVILLE, FL 32601 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 819 11TH AVE. S  
City-State-Zip: SAINT PETERSBURG FL 33701

Title MGRM  
Name COFFEY, ANDREW M  
Address 300 E UNIVERSITY AVE. SUITE 110  
City-State-Zip: GAINESVILLE FL 32601

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

04/15/2018

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

\_\_\_\_\_  
Date