

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