

**2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L13000166169

**Entity Name:** GREAT ROOMS PINE HILLS, LLC

**Current Principal Place of Business:**

2858 N. HIAWASSEE ROAD  
ORLANDO, FL 32818

**Current Mailing Address:**

4301 N 56TH ST  
TAMPA, FL 33610 US

**FEI Number: 46-4216067**

**Certificate of Status Desired: No**

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

KALE, JAMES C  
4301 N 56TH ST  
TAMPA, FL 33610 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 KALE, JAMES C  
Address 132 W DAVIS BLVD  
City-State-Zip: TAMPA FL 33606

Title MGRM  
Name SCHALLER, PAUL C  
Address 4502 COUNTRY GATE COURT  
City-State-Zip: VALRICO FL 33596

Title MGRM  
Name PIVIDAL, LAWRENCE J  
Address 918 N RIVERHILLS DRIVE  
City-State-Zip: TEMPLE TERRACE FL 33617

Title MGRM  
Name KENNEDY, ALLEN M  
Address 301 EDGE GROVE LANE  
BOX 933  
City-State-Zip: OAKLAND FL 34760

Title MGRM  
Name TOMASZEWSKI, SHARON  
Address 604 HERCHEL DRIVE  
City-State-Zip: TEMPLE TERRACE FL 33617

Title MGRM  
Name TREVINO, LAURA  
Address 8204 SPARROW PERCH WAY  
City-State-Zip: TAMPA FL 33647

*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: JAMES C KALE**

**MANAGER**

**01/13/2020**

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

\_\_\_\_\_  
Date