

**2015 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

**FILED**  
**Feb 23, 2015**  
**Secretary of State**  
**CC9242320601**

**Current Mailing Address:**

4440 ADAMO DRIVE  
SUITE 401  
TAMPA, FL 33605 US

**FEI Number:** 46-4216067

**Certificate of Status Desired:** No

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

KALE, JAMES C  
2909 W. BAY TO BAY BLVD. #410  
TAMPA, FL 33629 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 4440 ADAMO DRIVE  
SUITE 401  
City-State-Zip: TAMPA FL 33605

Title MGRM  
Name SCHALLER, PAUL C  
Address 4440 ADAMO DRIVE  
SUITE 401  
City-State-Zip: TAMPA FL 33605

Title MGRM  
Name PIVIDAL, LAWRENCE J  
Address 4440 ADAMO DRIVE  
SUITE 401  
City-State-Zip: TAMPA FL 33605

Title MGRM  
Name KENNEDY, ALLEN M  
Address 4440 ADAMO DRIVE  
SUITE 401  
City-State-Zip: TAMPA FL 33605

Title MGRM  
Name TOMASZEWSKI, SHARON  
Address 4440 ADAMO DRIVE  
SUITE 401  
City-State-Zip: TAMPA FL 33605

Title MGRM  
Name SMALLWOOD, KRISTINA  
Address 4440 ADAMO DRIVE  
SUITE 401  
City-State-Zip: TAMPA FL 33605

Title MGRM  
Name TREVINO, LAURA  
Address 4440 ADAMO DRIVE  
SUITE 401  
City-State-Zip: TAMPA FL 33605

*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

**MGRM**

**02/23/2015**

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

\_\_\_\_\_  
Date