# 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.

MGR

## SIGNATURE: SEAN C POSNER

Electronic Signature of Signing Authorized Person(s) Detail

<u>2017</u>	FLORIDA	LIMITED L	IABILITY	COMPANY	ANNUAL	REPORT

DOCUMENT# L14000041473

Entity Name: 4395 PINE TREE DRIVE, LLC

#### Current Principal Place of Business:

1691 MICHIGAN AVE 445 MIAMI BEACH, FL 33139

#### **Current Mailing Address:**

1691 MICHIGAN AVE 445 MIAMI BEACH, FL 33139 US

## FEI Number: 61-1732494

## Name and Address of Current Registered Agent:

POSNER, SEAN 1691 MICHIGAN AVE 445 MIAMI BEACH, FL 33139 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

#### Authorized Person(s) Detail :

MGR	Title	MGR				
TODD GLASER MANAGEMENT	Name	PG 4395 PINE TREE DRIVE LLC				
1691 MICHIGAN AVE	Address	1691 MICHIGAN AVE				
MIAMI BEACH FL 33139	City-State-Zip:	MIAMI BEACH FL 33139				
	MGR TODD GLASER MANAGEMENT 1691 MICHIGAN AVE	MGRTitleTODD GLASER MANAGEMENTName1691 MICHIGAN AVEAddress				

## FILED Jan 06, 2017 Secretary of State CC4993168532

Certificate of Status Desired: No

01/06/2017 Date

Date