#### 2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L14000055752

Entity Name: 1039 CENTRE POINTE PEARL MS, LLC

### **Current Principal Place of Business:**

4280 PROFESSIONAL CENTER DRIVE SUITE 100 PALM BEACH GARDENS, FL 33410

## **Current Mailing Address:**

4280 PROFESSIONAL CENTER DRIVE SUITE 100 PALM BEACH GARDENS, FL 33410

### FEI Number: 46-5350836

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

Electronic Signature of Registered Agent

FERNANDEZ, CRISTIAN J ESQ. 4280 PROFESSIONAL CENTER DRIVE SUITE 110 PALM BEACH GARDENS, FL 33410 US Certificate of Status Desired: No

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:

#### Authorized Person(s) Detail :

Authorized Ferson(S) Detail.				
Title	MGR	Title	MGR	
Name	AMBROSINO, TRACI L	Name	FORBERGER, PAUL	
Address	4280 PROFESSIONAL CENTER DRIVE, SUITE 100	Address	4280 PROFESSIONAL CENTER DRIVE, SUITE 100	
City-State-Zip:	PALM BEACH GARDENS FL 33410	City-State-Zip:	PALM BEACH GARDENS FL 33410	

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: TRACI L. AMBROSINO

MANAGER

02/16/2015

Electronic Signature of Signing Authorized Person(s) Detail

Date

# FILED Feb 16, 2015 Secretary of State CC4438149579