

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L14000097685

**FILED**  
**Feb 15, 2015**  
**Secretary of State**  
**CC7504325182**

**Entity Name:** THE CORNICE CORNER, LLC.

**Current Principal Place of Business:**

1206 ASHWELL CT.  
VALRICO, FL 33594

**Current Mailing Address:**

1206 ASHWELL CT.  
VALRICO, FL 33594

**FEI Number:** 47-1214053

**Certificate of Status Desired:** No

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

CLINE, AARON  
1206 ASHWELL CT  
VALRICO, FL 33594 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 MGR  
Name CLINE, AARON  
Address 1206 ASHWELL CT  
City-State-Zip: VALRICO FL 33594

Title MGR  
Name JAMSKY, JOSEPH  
Address 4406 LOMA VISTA DR  
City-State-Zip: VALRICO FL 33596

Title MGR  
Name CLINE, GEORGE  
Address 9341 OCEANSPRAY BLVD  
City-State-Zip: ENGLEWOOD FL 34224

*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:** AARON CLINE

MGR

02/15/2015

Electronic Signature of Signing Authorized Person(s) Detail

Date