

**2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L15000046180

**Entity Name:** MSG PINECREST, L.L.C.

**Current Principal Place of Business:**

9079 SOUTH DIXIE HIGHWAY  
PINECREST, FL 33156

**Current Mailing Address:**

450-160 STATE RD 13 N, STE. #213  
JACKSONVILLE, FL 32259

**FEI Number:** 47-3423662

**Certificate of Status Desired:** No

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

CHASTEEN, BRAD  
450-160 STATE RD 13 N, STE. #213  
JACKSONVILLE, FL 32259 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           MANAGER  
Name           CHASTEEN, BRAD  
Address        450-160 STATE RD 13 N, STE. #213  
City-State-Zip: JACKSONVILLE FL 32259

*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:** BRAD CHASTEEN

**OWNER**

**04/29/2016**

Electronic Signature of Signing Authorized Person(s) Detail

Date