

**2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L16000036511

**Entity Name:** GRAPEVINE PARTNERS OF AMERICA, LLC

**Current Principal Place of Business:**

844 ALTON ROAD  
SUITE 3  
MIAMI BEACH, FL 33139

**Current Mailing Address:**

844 ALTON ROAD  
SUITE 3  
MIAMI BEACH, FL 33139 US

**FEI Number:** 81-1510767

**Certificate of Status Desired:** No

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

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301 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           | MEMBER                    | Title           | AUTHORIZED REPRESENTATIVE |
| Name            | F9 INVESTMENTS, LLC       | Name            | SULLIVAN , THOMAS D       |
| Address         | 844 ALTON ROAD<br>SUITE 3 | Address         | 844 ALTON ROAD<br>SUITE 3 |
| City-State-Zip: | MIAMI BEACH FL 33139      | City-State-Zip: | MIAMI BEACH FL 33139      |

*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:** THOMAS D SULLIVAN

**AUTHORIZED PERSON**

**04/18/2019**

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

\_\_\_\_\_  
Date