

**2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L16000185982

**Entity Name:** TRI PINES FL MANAGEMENT, LLC

**Current Principal Place of Business:**

4417 PEMBRIDGE AVE  
ORLANDO, FL 32826

**Current Mailing Address:**

5840 RED BUD LAKE RD 1561  
WINTER SPRINGS, FL 32708 US

**FEI Number: 81-4078129**

**Certificate of Status Desired: No**

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

REGISTERED AGENTS INC.  
3030 N ROCKY POINT DRIVE  
STE 150A  
TAMPA, FL 33607 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	AMBR	Title	AMBR
Name	MATSUNAGA, AKEMI	Name	MATSUNAGA, SATOSHI
Address	2625 QUAIL LN	Address	2625 QUAIL LN
City-State-Zip:	NORTHBROOK IL 60062	City-State-Zip:	NORTHBROOK IL 60062

*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: AKEMI MATSUNAGA** \_\_\_\_\_

**MEMBER**

**03/20/2018**

Electronic Signature of Signing Authorized Person(s) Detail

Date