

**2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L16000186117

**Entity Name:** PIONEER DEVELOPMENT SERVICES 2, LLC

**Current Principal Place of Business:**

2700 HEALING WAY  
STE 320  
WESLEY CHAPEL, FL 33543

**Current Mailing Address:**

2700 HEALING WAY  
STE 320  
WESLEY CHAPEL, FL 33543

**FEI Number:** 81-3746630

**Certificate of Status Desired:** No

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

SCHARBER, JARROD M  
38038 MERIDIAN AVE.  
DADE CITY, FL 33525 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  
Name ALI, SYED  
Address 17702 SAINT LUCIA ISLE DR.  
City-State-Zip: TAMPA FL 33647

Title AMBR  
Name SHAIKAT, KHIZZAR  
Address 10528 MARTINIQUE ISLE DR.  
City-State-Zip: TAMPA FL 33647

Title MBR  
Name BROWN, MILTON  
Address 20232 RAVENS END DR.  
City-State-Zip: TAMPA FL 33647

Title MBR  
Name MERCADO, RONNIEL  
Address 2114 RENSSELAER DR.  
City-State-Zip: WESLEY CHAPEL FL 33543

Title MBR  
Name KHAN, MASOOD  
Address 20114 NATURES HIKE WAY  
City-State-Zip: TAMPA FL 33647

Title MBR  
Name GONZALEZ, ANA  
Address 4355 VERMILLION SKY DR.  
City-State-Zip: WESLEY CHAPEL FL 33544

*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:** SYED ALI

**PRESIDENT**

**01/18/2017**

Electronic Signature of Signing Authorized Person(s) Detail

Date