

**2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L17000040118

**Entity Name:** KRISTOFF MANAGEMENT LLC

**Current Principal Place of Business:**

1226 S FEDERAL HWY  
LAKE WORTH, FL 33460

**Current Mailing Address:**

PO BOX 8487  
WEST PALM BEACH, FL 33407 US

**FEI Number:** NOT APPLICABLE

**Certificate of Status Desired:** No

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

FIRST CHOICE TAX & INSURANCE SOLUTIONS INC  
1226 S FEDERAL HWY  
LAKE WORTH, FL 33460 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 MCNAMARA, JOSEPH  
Address PO BOX 8487  
City-State-Zip: WEST PALM BEACH FL 33407

Title MGR  
Name MCNAMARA, MAX  
Address PO BOX 8487  
City-State-Zip: WEST PALM BEACH FL 33407

*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:** JOSEPH MCNAMARA

**MANAGER**

**04/27/2018**

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

\_\_\_\_\_  
Date