

**2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L17000116511

**Entity Name:** PIONEER CONCESSIONS, LLC

**Current Principal Place of Business:**

100 ANDALUSIA AVE APT 613  
CORAL GABLES, FL 33134

**Current Mailing Address:**

100 ANDALUSIA AVE APT613  
CORAL GABLES, FL 33134

**FEI Number:** 82-1688579

**Certificate of Status Desired:** No

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

KORGE, KRISTINA  
100 ANDALUSIA AVE APT613  
CORAL GABLES, FL 33134 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	Title	AUTHORIZED MEMBER
Name	KORGE, KRISTINA	Name	PO3 CONCESSIONS, LLC
Address	100 ANDALUSIA AVE APT 613	Address	11801 S. MITCHELL MANOR CIRCLE
City-State-Zip:	CORAL GABLES FL 33134	City-State-Zip:	PINECREST FL 33156

*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:** KRISTINA KORGE

**MANAGER**

**02/01/2021**

Electronic Signature of Signing Authorized Person(s) Detail

Date