

**2024 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M22000019207

**Entity Name:** CLINE GROUP MANAGEMENT SERVICES LLC

**Current Principal Place of Business:**

3825 PGA BLVD STE 1005  
PALM BEACH GARDENS, FL 33410

**Current Mailing Address:**

3825 PGA BLVD STE 1005  
PALM BEACH GARDENS, FL 33410

**FEI Number:** 92-1358727

**Certificate of Status Desired:** Yes

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

CORPORATE CREATIONS NETWORK INC.  
801 US HWY 1  
N PALM BEACH, FL 33408 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 MBR  
Name CLINE, ALEX TANNER  
Address 3825 PGA BLVD STE 1005  
City-State-Zip: PALM BEACH GARDENS FL 33410

Title AP  
Name CLINE, ALEX TANNER  
Address 3825 PGA BLVD STE 1005  
City-State-Zip: PALM BEACH GARDENS FL 33410

Title MGR  
Name DEPIETRO, STEPHANIE  
Address 3825 PGA BLVD STE 1005  
City-State-Zip: PALM BEACH GARDENS FL 33410

Title AP  
Name DEPIETRO, STEPHANIE  
Address 3825 PGA BLVD STE 1005  
City-State-Zip: PALM BEACH GARDENS FL 33410

Title MGR  
Name SHIRZAD, BRIAN  
Address 3825 PGA BLVD STE 1005  
City-State-Zip: PALM BEACH GARDENS FL 33410

Title AP  
Name SHIRZAD, BRIAN  
Address 3825 PGA BLVD STE 1005  
City-State-Zip: PALM BEACH GARDENS FL 33410

*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:** STEPHANIE DEPIETRO

**MANAGER**

**03/26/2024**

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

\_\_\_\_\_  
Date