

**2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L05000026111

**Entity Name:** FLORIDA PENINSULA MANAGERS, LLC

**Current Principal Place of Business:**

903 NW 65TH ST  
SUITE 200  
BOCA RATON, FL 33487

**Current Mailing Address:**

903 NW 65TH ST  
SUITE 200  
BOCA RATON, FL 33487

**FEI Number:** 20-2556113

**Certificate of Status Desired:** No

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

GIULIANTI, STACEY A  
903 NW 65 ST  
SUITE 200  
BOCA RATON, FL 33487 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 ADKINS, PAUL MMANAGER  
Address 18743 LONG LAKE DRIVE  
City-State-Zip: BOCA RATON FL 33496

Title MGR  
Name CANTOR, GARY MMANAGER  
Address 7 OCEAN HARBOUR CIRCLE  
City-State-Zip: OCEAN RIDGE FL 33435

*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:** PAUL ADKINS

**MANAGER**

**02/25/2014**

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

\_\_\_\_\_  
Date