

2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000046755

Entity Name: PINES CITY CENTER, LLC

Current Principal Place of Business:

7575 DR PHILLIPS BLVD
265
ORLANDO, FL 32819

Current Mailing Address:

7575 DR PHILLIPS BLVD
265
ORLANDO, FL 32819 US

FEI Number: 20-4813604

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

DWIGHT, SAATHOFF
5535 OSPREY ISLE LN
ORLANDO, FL 32819 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	MGRM	Title	MGRM
Name	SNOW, KATHLEEN E	Name	ARIOSIA, ISABEL
Address	5535 OSPREY ISLE LN	Address	5535 OSPREY ISLE LN
City-State-Zip:	ORLANDO FL 32819	City-State-Zip:	ORLANDO FL 32819

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: KATHLEEN E. SNOW

MANAGING MEMBER

03/21/2016

Electronic Signature of Signing Authorized Person(s) Detail

Date