

2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000100667

Entity Name: WOODLANDS ORLANDO MANAGER, LLC

Current Principal Place of Business:

5393 SHORELINE CIRCLE
SANFORD, FL 32771

Current Mailing Address:

5393 SHORELINE CIRCLE
SANFORD, FL 32771

FEI Number: 20-5765296

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

KOIVU, MARK
5393 SHORELINE CIRCLE
SANFORD, FL 32771 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 KOIVU, MARK
Address 5393 SHORELINE CIRCLE
City-State-Zip: SANFORD FL 32771

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: MARK KOIVU

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04/20/2015

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date