

**2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L06000111272

**Entity Name:** STREAM MOUNTAIN, LLC

**Current Principal Place of Business:**

8950 LITTLE FALLS WAY  
DELRAY BEACH, FL 33446

**Current Mailing Address:**

8950 LITTLE FALLS WAY  
DELRAY BEACH, FL 33446 US

**FEI Number:** 20-8807291

**Certificate of Status Desired:** No

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

CORPORATE MAINTENANCE SERVICES LLC  
1000 BRICKELL AVENUE, SUITE 400  
MIAMI, FL 33131 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           MPS  
Name           PICO, JAIRO  
Address        8950 LITTLE FALLS WAY  
City-State-Zip: DELRAY BEACH FL 33446

Title           VP  
Name           PICO, MARCELA  
Address        8950 LITTLE FALLS WAY  
City-State-Zip: DELRAY BEACH FL 33446

Title           VP  
Name           PICO, ELIZABETH  
Address        8950 LITTLE FALLS WAY  
City-State-Zip: DELRAY BEACH FL 33446

Title           VP  
Name           PICO, MARIA CAROLINA  
Address        8950 LITTLE FALLS WAY  
City-State-Zip: DELRAY BEACH FL 33446

*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:** PICO , JAIRO

**EMILY MOSCA,  
ATTORNEY-IN-FACT**

**04/25/2017**

Electronic Signature of Signing Authorized Person(s) Detail

Date