

2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000009918

Entity Name: 50/50 MANAGEMENT LLC

Current Principal Place of Business:

6195 WEST 19TH AVE
MANAGEMENT OFFICE
HIALEAH, FL 33012

Current Mailing Address:

6195 WEST 19TH AVE
MANAGEMENT OFFICE
HIALEAH, FL 33012 US

FEI Number: 61-1553188

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

GOMEZ SANCHEZ, MERCEDES
1995 NE 117 RD
NORTH MIAMI, FL 33181 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 GOMEZ SANCHEZ, MERCEDES
Address 1995 NE 117 RD
City-State-Zip: NORTH MIAMI FL 33181

Title MGRM
Name SANCHEZ, CHRISTOPHER
Address 1995 NE 117 RD
City-State-Zip: NORTH MIAMI FL 33181

Title MGRM
Name SANCHEZ, MICHAEL C
Address 1995 NE 117 RD
City-State-Zip: NORTH MIAMI FL 33181

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: GOMEZ SANCHEZ , MERCEDES

MGR

04/08/2015

Electronic Signature of Signing Authorized Person(s) Detail

Date