

**2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000087243

**Entity Name:** 11001, LLC

**Current Principal Place of Business:**

1170 KANE CONCOURSE  
5TH FLOOR  
BAY HARBOR ISLANDS, FL 33154

**Current Mailing Address:**

1170 KANE CONCOURSE  
5TH FLOOR  
BAY HARBOR ISLANDS, FL 33154

**FEI Number:** NOT APPLICABLE

**Certificate of Status Desired:** No

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

LEW, OLIVERIO ESQ.  
1170 KANE CONCOURSE  
5TH FLOOR  
BAY HARBOR ISLANDS, FL 33154 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 GILINSKI, JAIME  
Address 1170 KANE CONCOURSE, 5TH FLOOR  
City-State-Zip: BAY HARBOR ISLANDS FL 33154

Title MGR  
Name GILINSKI, JOSHUA  
Address 1170 KANE CONCOURSE, 5TH FLOOR  
City-State-Zip: BAY HARBOR ISLANDS FL 33154

Title MGR  
Name GILINSKI, GABRIEL  
Address 1170 KANE CONCOURSE, 5TH FLOOR  
City-State-Zip: BAY HARBOR ISLANDS FL 33154

*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:** JAIME GILINSKI

**MANAGER**

**01/09/2014**

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

\_\_\_\_\_  
Date