

**2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000032644

**FILED**  
**Jan 08, 2016**  
**Secretary of State**  
**CC0987011916**

**Entity Name:** STREAMLINE NETWORKS, LLC

**Current Principal Place of Business:**

3615 E LAKE AVE  
TAMPA, FL 33610

**Current Mailing Address:**

PO BOX 11707  
TAMPA, FL 33680

**FEI Number:** 27-5491994

**Certificate of Status Desired:** Yes

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

JURADO, KEITH M  
3615 E LAKE AVE  
TAMPA, FL 33610 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            CEO  
Name            JURADO, KEITH M  
Address        3615 E LAKE AVE  
City-State-Zip: TAMPA FL 33610

Title            MGRM  
Name            JURADO, KEITH M  
Address        3615 E LAKE AVE  
City-State-Zip: TAMPA FL 33610

Title            P  
Name            MASTERS, DONALD J  
Address        3615 E LAKE AVE  
City-State-Zip: TAMPA FL 33610

Title            MGR  
Name            MASTERS, DONALD J  
Address        3615 E LAKE AVE  
City-State-Zip: TAMPA FL 33610

*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:** KEITH M JURADO

**C.E.O.**

**01/08/2016**

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

\_\_\_\_\_  
Date