

2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L11000121897

Entity Name: REOF MANAGEMENT, LLC

Current Principal Place of Business:

835 PAW PRINTS AVE
A-4
MELBOURNE, FL 32934

Current Mailing Address:

PO BOX 362042
MELBOURNE, FL 32936 US

FEI Number: 45-3671606

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

FINKELSTEIN, LARRY
835 PAW PRINTS AVE
A-4
MELBOURNE, FL 32934 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 MGRM
Name FINKELSTEIN, LARRY
Address PO BOX 362042
City-State-Zip: MELBOURNE FL 32936

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: LARRY FINKELSTEIN

MANAGER

04/25/2016

Electronic Signature of Signing Authorized Person(s) Detail

Date