

**2017 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

MGR

04/12/2017

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

\_\_\_\_\_  
Date