

2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L12000037370

Entity Name: PASS INVESTMENT HOLDINGS LLC**Current Principal Place of Business:**5300 WEST CYPRESS STREET
SUITE 100
TAMPA, FL 33607**Current Mailing Address:**5300 WEST CYPRESS STREET
SUITE 100
TAMPA, FL 33607 US**FEI Number:** 45-4840489**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**F&L CORP.
ONE INDEPENDENT DRIVE
SUITE 1300
JACKSONVILLE, FL 32202 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	CFO
Name	ALLEN, RICHARD R
Address	5300 WEST CYPRESS STREET SUITE 100
City-State-Zip:	TAMPA FL 33607

Title	SECRETARY, GC
Name	GRAHAM, ANDREW L
Address	5300 WEST CYPRESS STREET SUITE 100
City-State-Zip:	TAMPA FL 33607

Title	VP
Name	PATEL, PARESH
Address	5300 WEST CYPRESS STREET SUITE 100
City-State-Zip:	TAMPA FL 33607

Title	PRESIDENT, CEO, MANAGER
Name	SARAVANOS, ANTHONY
Address	5300 WEST CYPRESS STREET SUITE 100
City-State-Zip:	TAMPA FL 33607

Title	ASST. SECRETARY
Name	VON HORN, BRENT N
Address	5300 WEST CYPRESS ST. 100
City-State-Zip:	TAMPA FL 33607

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: RICHARD ALLEN

CFO

03/10/2016

Electronic Signature of Signing Authorized Person(s) Detail_____
Date