

**2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L14000005515

**Entity Name:** EAGLE NEST MANAGEMENT LLC

**Current Principal Place of Business:**

4630 SOUTH KIRKMAN ROAD  
412  
ORLANDO, FL 32811

**Current Mailing Address:**

4630 SOUTH KIRKMAN ROAD  
412  
ORLANDO, FL 32811 US

**FEI Number:** 46-4482401

**Certificate of Status Desired:** No

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

STINSON, JASON  
4630 SOUTH KIRKMAN ROAD  
412  
ORLANDO, FL 32811 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 STINSON, JASON  
Address 4630 SOUTH KIRKMAN ROAD  
412  
City-State-Zip: ORLANDO FL 32811

Title MGR  
Name STINSON, JOHN  
Address 824 LYMAN AVENUE  
City-State-Zip: WINTER PARK FL 32789

*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:** JASON STINSON

**PRESIDENT**

**05/01/2016**

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

\_\_\_\_\_  
Date