

**2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L14000050808

**Entity Name:** TRES BONNE MANAGEMENT SERVICES LLC

**Current Principal Place of Business:**

621 W. INDIANA AVE  
UNIT 22  
DELAND, FL 32724

**Current Mailing Address:**

PO BOX 950849  
LAKE MARY, FL 32795 US

**FEI Number:** 46-5219318

**Certificate of Status Desired:** No

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

SANDELL, TRACEY M  
621 W. INDIANA AVE  
UNIT 22  
DELAND, FL 32724 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 SANDELL, TRACEY M  
Address 621 W INDIANA AVE  
UNIT 22  
City-State-Zip: DELAND FL 32724

*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:** TRACEY M. SANDELL

MGR

04/19/2017

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

\_\_\_\_\_  
Date