

2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L16000094569

Entity Name: STONELINE NAPLES LLC**Current Principal Place of Business:**3600 WESTVIEW DRIVE
NAPLES, FL 34104**Current Mailing Address:**3540 NW 72 AVENUE
MIAMI, FL 33122 US**FEI Number:** 81-2732589**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**SERRONE, ROBERT A ESQ.
1401 SAWGRASS CORPORATE PKWY
SUNRISE, FL 33323 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 CEO
Name YENER, GORKEM
Address 3540 NW 72 AVENUE
City-State-Zip: MIAMI FL 33122

Title CFO
Name DILMEN, HALIL
Address 3540 NW 72 AVENUE
City-State-Zip: MIAMI FL 33122

Title CNTR
Name RIVERA, ROBERTO
Address 3540 NW 72 AVENUE
City-State-Zip: MIAMI FL 33122

Title AUTHORIZED REPRESENTATIVE
Name SERRONE, ROBERT A ESQ.
Address 1391 SAWGRASS CORPORATE PKWY
City-State-Zip: SUNRISE FL 33323

Title MGR
Name YENER, MURAT
Address 3540 NW 72 AVENUE
City-State-Zip: MIAMI FL 33122

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: ROBERT A SERRONE**AUTHORIZED REP****04/14/2018**_____
Electronic Signature of Signing Authorized Person(s) Detail_____
Date