

2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L16000155681

Entity Name: STONELINE WEST PALM BEACH LLC**Current Principal Place of Business:**7830 BYRON DR STE 1
RIVIERA BEACH, FL 33404**Current Mailing Address:**3540 NW 72ND AVENUE
MIAMI, FL 33122 US**FEI Number:** 81-3660189**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**SERRONE, ROBERT A ESQ
1391 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	MGR
Name	YENER, MURAT
Address	3540 NW 72ND AVENUE
City-State-Zip:	MIAMI FL 33122

Title	CEO
Name	YENER, GORKEM
Address	3540 NW 72ND AVENUE
City-State-Zip:	MIAMI FL 33122

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

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

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

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
REPRESENTATIVE****02/16/2017**_____
Electronic Signature of Signing Authorized Person(s) Detail_____
Date