

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 28, 2008 8:00 am
Secretary of State

01-28-2008 90071 013 ***138.75

DOCUMENT # L06000024781

1. Entity Name
ST. LOUISE PLAZA, L.L.C.



Principal Place of Business
4114 W. NORTH B STREET
TAMPA, FL 33609

Mailing Address
P.O. BOX 271058
TAMPA, FL 33688

DO NOT WRITE IN THIS SPACE



01162008No Chg-LLC

CR2E083 (12/07)

4. FEI Number
65-1279509

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

SALEM, ALBERT M JR.
4600 WEST KENNEDY BLVD.
TAMPA, FL 33609

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IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	GILBERTO E VEGA, TRUSTEE
STREET ADDRESS	P.O. BOX 271058
CITY-ST-ZIP	TAMPA, FL 33688
TITLE	MGRM
NAME	ILONA M. COYA DE VEGA, TRUSTEE
STREET ADDRESS	P.O. BOX 271058
CITY-ST-ZIP	TAMPA, FL 33688
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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 608, Florida Statutes.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #