

**2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L03000030481

**Entity Name:** ADVANCED ENTS OF TAMPA BAY, LLC**Current Principal Place of Business:**625 6TH AVENUE S., SUITE 385  
ST. PETERSBURG, FL 33701**Current Mailing Address:**625 6TH AVENUE S., SUITE 385  
ST. PETERSBURG, FL 33701**FEI Number:** 26-2838481**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**FELIX, MARK RMANAGER  
625 6TH AVENUE S., SUITE 385  
SUITE 385  
ST. PETERSBURG, FL 33701 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           | P                            |
| Name            | ESPINOLA, TRINA EMD          |
| Address         | 625 6TH AVENUE S., SUTIE 385 |
| City-State-Zip: | ST. PETERSBURG FL 33701      |

|                 |                              |
|-----------------|------------------------------|
| Title           | VP                           |
| Name            | ESPINOLA, TRINA EMD          |
| Address         | 625 6TH AVENUE S., SUITE 385 |
| City-State-Zip: | ST. PETERSBURG FL 33701      |

|                 |                             |
|-----------------|-----------------------------|
| Title           | T                           |
| Name            | ESPINOLA, TRINA EMD         |
| Address         | 625 6TH AVENUE S., SUITE385 |
| City-State-Zip: | ST. PETERSBURG FL 33701     |

|                 |                              |
|-----------------|------------------------------|
| Title           | S                            |
| Name            | ESPINOLA, TRINA EMD          |
| Address         | 625 6TH AVENUE S., SUTIE 385 |
| City-State-Zip: | ST. PETERSBURG FL 33701      |

*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:** TRINA E. ESPINOLA, MD**PRESIDENT****02/20/2020**

Electronic Signature of Signing Authorized Person(s) Detail

Date