

**2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L04000074977

**Entity Name:** 13949 W. HILLSBOROUGH AVE, LLC.

**Current Principal Place of Business:**

2340 DREW STREET  
STE 300  
CLEARWATER, FL 33765

**Current Mailing Address:**

2340 DREW STREET  
STE 300  
CLEARWATER, FL 33765 US

**FEI Number:** 20-1758277

**Certificate of Status Desired:** No

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

POLITIS PA  
2340 DREW STREET  
STE 300  
CLEARWATER, FL 33765 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           MANAGER  
Name           POLITIS, GREGORY  
Address        2340 DREW STREET STE 300  
City-State-Zip: CLEARWATER FL 33765

Title           MANAGER  
Name           POLITIS, CHRISTOS  
Address        2340 DREW STREET  
                  STE 300  
City-State-Zip: CLEARWATER FL 33765

Title           MANAGER  
Name           POLITIS, PETER  
Address        2340 DREW STREET  
                  STE 300  
City-State-Zip: CLEARWATER FL 33765

Title           MANAGER  
Name           POLITIS, ALEXANDER  
Address        2340 DREW STREET  
                  STE 300  
City-State-Zip: CLEARWATER FL 33765

*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:** GREGORY POLITIS

**MGR**

**02/01/2020**

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

\_\_\_\_\_  
Date