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; a that my name appears above, or on an attachment with all other like empowered.					
SIGNATURE [,] GII BERTO E, VEGA MD	PRESIDENT	01/21/2016			

SIGNATURE: GILBERTO E. VEGA MD

Electronic Signature of Signing Authorized Person(s) Detail

2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT DOCUMENT# L06000024781

Entity Name: ST. LOUIS PLAZA, L.L.C.

Current Principal Place of Business:

4114 W. NORTH B STREET TAMPA, FL 33609

Current Mailing Address:

P.O. BOX 271058 TAMPA, FL 33688

FEI Number: 65-1279509

Name and Address of Current Registered Agent:

VEGA, GILBERTO E. DR. 4600 WEST KENNEDY BLVD. TAMPA, FL 33609 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:	E: GILBERTO E. VEGA MD				
	Electronic Signature of Registered Agent		Date		
Authorized Person(s) Detail :					
Title	MGRM	Title	MGRM		
Name	GILBERTO E VEGA, TRUSTEE	Name	ILONA M. COYA DE VEGA, TRUSTEE		
Address	P.O. BOX 271058	Address	P.O. BOX 271058		
City-State-Zip:	TAMPA FL 33688	City-State-Zip:	TAMPA FL 33688		

PRESIDENT

FILED Jan 21, 2016 Secretary of State CC2221316870

Certificate of Status Desired: Yes

Date