

2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000044761

Entity Name: TARPON RESTAURANT SERVICES, LLC**Current Principal Place of Business:**10 DODECANESE BLVD.
TARPON SPRINGS, FL 34689**Current Mailing Address:**PO BOX 39
TARPON SPRINGS, FL 34688**FEI Number:** 20-4787187**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**HOLCOMB, VICTOR W
3203 W CYPRESS ST
TAMPA, FL 33607 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	Title	MANAGER
Name	HOLCOMB, VICTOR W	Name	LOWE, TIMOTHY RYAN
Address	3203 W CYPRESS ST	Address	PO BOX 39
City-State-Zip:	TAMPA FL 33607	City-State-Zip:	TARPON SPRINGS FL 34688
Title	MANAGER	Title	MANAGER
Name	LOWE, MICHAEL JOHN	Name	LOWE, SCOTT JASON
Address	PO BOX 39	Address	PO BOX 39
City-State-Zip:	TARPON SPRINGS FL 34688	City-State-Zip:	TARPON SPRINGS FL 34688
Title	MANAGER		
Name	LOWE, JEFFREY MICHAEL		
Address	PO BOX 39		
City-State-Zip:	TARPON SPRINGS FL 34688		

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: TIMOTHY RYAN LOWE

MGR

04/18/2018

Electronic Signature of Signing Authorized Person(s) Detail_____
Date