

2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000095438

Entity Name: 251 CAPE HARBOUR LOOP #103, LLC**Current Principal Place of Business:**3790 10TH STREET NE
ST. PETERSBURG, FL 33704**Current Mailing Address:**3790 10TH STREET NE
ST. PETERSBURG, FL 33704 US**FEI Number:** 02-0787522**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**XENAKIS, SEAN-KELLY
1220 DARLINGTON OAK CIRCLE NE
ST. PETERSBURG, FL 33703 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	MGRM
Name	XENAKIS, PATRICIA K
Address	3790 10TH STREET NE
City-State-Zip:	ST. PETERSBURG FL 33704

Title	MGR
Name	XENAKIS, RANDALL J
Address	3790 10TH STREET NE
City-State-Zip:	ST. PETERSBURG FL 33704

Title	MGR
Name	CHERUP, PATRICE X
Address	207 HOCKLEY DRIVE
City-State-Zip:	DOWNINGTOWN PA 19335

Title	MGRM
Name	SEAN-KELLY, XENAKIS
Address	1220 DARLINGTON OAK CIRCLE NE
City-State-Zip:	ST. PETERSBURG FL 33703

Title	MGR
Name	XENAKIS, CHRISTINA B
Address	1220 DARLINGTON OAK CIRCLE NE
City-State-Zip:	ST. PETERSBURG FL 33703

Title	MGR
Name	CHERUP, JOHN
Address	207 HOCKLEY DRIVE
City-State-Zip:	DOWNINGTOWN PA 19335

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: PATRICIA K XENAKIS**MANAGER****03/09/2014**

Electronic Signature of Signing Authorized Person(s) Detail

Date