

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L06000108331

**Entity Name:** 3901 NORTH BLVD., LLC

**Current Principal Place of Business:**

3901 N BOULEVARD  
TAMPA, FL 33603

**Current Mailing Address:**

207 WEST CAYUGA STREET  
TAMPA, FL 33603

**FEI Number:** 20-8280644

**Certificate of Status Desired:** No

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

LOVINGER, MARC S  
207 WEST CAYUGA STREET  
TAMPA, FL 33603 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 LOVINGER, MARC  
Address 207 WEST CAYUGA STREET  
City-State-Zip: TAMPA FL 33603

*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:** MARC LOVINGER

MGRM

02/19/2015

Electronic Signature of Signing Authorized Person(s) Detail

Date