## 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: JOSEPH J. KOKOLAKIS

Electronic Signature of Signing Authorized Person(s) Detail

Entity Name: 5728 MAIN STREET, LLC

#### **Current Principal Place of Business:**

202 EAST CENTER STREET TARPON SPRINGS. FL 34689

### **Current Mailing Address:**

202 EAST CENTER STREET TARPON SPRINGS. FL 34689 US

#### FEI Number: 20-8303610

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

KOKOLAKIS, JOSEPH J 202 EAST CENTER STREET TARPON SPRINGS, FL 34689 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

#### Authorized Person(s) Detail :

Title	MGRM	Title	MGRM
Name	KOKOLAKIS, JOSEPH J	Name	KOKOLAKIS, ANNA
Address	202 EAST CENTER STREET	Address	202 EAST CENTER STREET
City-State-Zip:	TARPON SPRINGS FL 34689	City-State-Zip:	TARPON SPRINGS FL 34689

04/16/2019 MANAGER

# Certificate of Status Desired: No

FILED Apr 16, 2019 Secretary of State 7474903515CC

Date

Date