

**2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000023553

**Entity Name:** 1725 E 5TH AVE, LLC

**Current Principal Place of Business:**

1725 E 5TH AVE  
TAMPA, FL 33605

**Current Mailing Address:**

1725 E 5TH AVE  
TAMPA, FL 33605 US

**FEI Number:** 20-8561222

**Certificate of Status Desired:** No

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

JOHN, DECARO L  
6101 S. ELKINS AVE  
TAMPA, FL 33611 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	MGMR	Title	MGMR
Name	DECARO, JOHN L	Name	CAMPO, MATHEW D
Address	6101 S. ELKINS AVE	Address	3810 W. PALMIRA
City-State-Zip:	TAMPA FL 33611	City-State-Zip:	TAMPA FL 33629
Title	MGRM	Title	MGRM
Name	VAUGHN, WILLSON	Name	LAUREN, CAMPO
Address	3232 STONEMAN LOOP	Address	3810 W. PALMIRA
City-State-Zip:	LAND O LAKES FL 34638	City-State-Zip:	TAMPA FL 33629
Title	MGRM		
Name	BONNIE, MERIWETHER L		
Address	6119 SOFFEL DRIVE		
City-State-Zip:	BROOKSVILLE FL 34602		

*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:** JOHN DECARO

MGMR

01/08/2014

Electronic Signature of Signing Authorized Person(s) Detail

Date