

2017 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
464 SEVERN AVE
TAMPA, FL 33606 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	464 SEVERN AVE	Address	3810 W. PALMIRA
City-State-Zip:	TAMPA FL 33606	City-State-Zip:	TAMPA FL 33629
Title	MGRM	Title	MGRM
Name	VAUGHN, WILLSON	Name	LAUREN, CAMPO
Address	401 RIVIERA DR	Address	3810 W. PALMIRA
City-State-Zip:	TAMPA FL 33606	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

01/18/2017

Electronic Signature of Signing Authorized Person(s) Detail_____
Date