## 2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

#### DOCUMENT# L07000120717

#### Entity Name: FATEMCALLISTERLLC

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

3805 W. GRANADA ST. TAMPA, FL 33629

### **Current Mailing Address:**

3805 W. GRANADA ST. TAMPA, FL 33629 US

# FEI Number: NOT APPLICABLE

### Name and Address of Current Registered Agent:

UNITED STATES CORPORATION AGENTS, INC. 320 S. FLAMINGO ROAD #347 PEMBROKE PINES, FL 33027 US FILED Feb 15, 2015 Secretary of State CC9193992055

Date

Certificate of Status Desired: No

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            | FATE, PAUL               | Name            | FATE, KAREN               |
| Address         | 3805 W. GRANADA ST.      | Address         | 3805 W. GRANADA ST.       |
| City-State-Zip: | TAMPA FL 33629           | City-State-Zip: | TAMPA FL 33629            |
|                 |                          |                 |                           |
|                 |                          |                 |                           |
| Title           | MGRM                     | Title           | MGRM                      |
| Title<br>Name   | MGRM<br>MCALLISTER, PAUL | Title<br>Name   | MGRM<br>MCALLISTER, JANET |
|                 |                          |                 |                           |
| Name            | MCALLISTER, PAUL         | Name            | MCALLISTER, JANET         |

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 | : KAREN FATE |  | MGRM | 02/15/2015 |
|-----------|--------------|--|------|------------|
|           |              |  |      | _          |

Electronic Signature of Signing Authorized Person(s) Detail