

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000015168

**Entity Name:** 739 52ND AVENUE N, LLC

**Current Principal Place of Business:**

6505 96TH AVE N  
PINELLAS PARK, FL 33782

**Current Mailing Address:**

PO BOX 1037  
PINELLAS PARK, FL 33780

**FEI Number:** 26-2104298

**Certificate of Status Desired:** No

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

CAREW, WARREN C  
6505 96TH AVE N  
PINELLAS PARK, FL 33782 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 MGR  
Name CAREW, WARREN C  
Address 6505 96TH AVE N  
City-State-Zip: PINELLAS PARK FL 33782

*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:** WARREN C CAREW

MGR

04/12/2015

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date