

2014 FLORIDA LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# L08000021133

Entity Name: TBWC 5700, P.L.

Current Principal Place of Business:

5002 W. LEMON ST
TAMPA, FL 33609

Current Mailing Address:

PO BOX 25317
TAMPA, FL 33622

FEI Number: 26-3314133

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

MADLE, ALISTAIR
5002 W. LEMON ST
TAMPA, FL 33609 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 DR
Name BREIT, BRUCE
Address 5002 W. LEMON ST
City-State-Zip: TAMPA FL 33609

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: BRUCE BREIT

CHRMN

06/23/2014

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date