# 2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

#### DOCUMENT# L08000103192

Entity Name: TAMPA SHIP, L.L.C.

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

1130 MCCLOSKEY BLVD TAMPA, FL 33605

# **Current Mailing Address:**

C/O DIONNE CHOUEST AUSTIN 16201 EAST MAIN STREET CUT OFF, LA 70345 US

# FEI Number: 26-3666796

### Name and Address of Current Registered Agent:

CT CORPORATION 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 US FILED Jan 06, 2021 Secretary of State 0541234351CC

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           | MANAGER                   | Title           | MANAGER                |
|-----------------|---------------------------|-----------------|------------------------|
| Name            | CHOUEST, DINO             | Name            | AUSTIN, DIONNE CHOUEST |
| Address         | 16201 EAST MAIN STREET    | Address         | 16201 EAST MAIN STREET |
| City-State-Zip: | CUT OFF LA 70345          | City-State-Zip: | CUT OFF LA 70345       |
| Title           |                           |                 |                        |
| Title           | AUTHORIZED REPRESENTATIVE |                 |                        |
| Name            | DUPRE, BETH               |                 |                        |
| Address         | 16201 EAST MAIN STREET    |                 |                        |
| City-State-Zip: | CUT OFF LA 70345          |                 |                        |

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: BETH DUPRE

AUTHORIZED REPRESENTATIVE

01/06/2021

Date

Electronic Signature of Signing Authorized Person(s) Detail

Date