SIGNATURE	SCOTT C. BELL			01/15/2018
	Electronic Signature of Registered Agent			Date
Authorized	Person(s) Detail :			
Title	MGRM	Title	MGRM	
Name	SPISAK, KAREN G	Name	BELL, CHRISTOPHER J	
Address	4185 13TH WAY NE	Address	4185 13TH WAY NE	
City-State-Zip:	ST. PETERSBURG FL 33703	City-State-Zip:	ST. PETERSBURG FL 33703	
Title	MGRM			
Name	BARRS, CHRISTOPHER C			
Address	6110 S. ELKINS AVENUE			

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 G SPISAK

City-State-Zip: TAMPA FL 33611

Electronic Signature of Signing Authorized Person(s) Detail

Entity Name: O8O PARTNERS, LLC

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

2804 N 36TH STREET TAMPA, FL 33605

#### **Current Mailing Address:**

2804 N 36TH STREET TAMPA, FL 33605 US

### FEI Number: 26-3883094

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

2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

BELL, SCOTT C 2804 N. 36TH STREET TAMPA, FL 33605 US

# DOCUMENT# L08000114684

## FILED Jan 15, 2018 Secretary of State CC1832059127

Certificate of Status Desired: No

01/15/2018 Date

MGRM