

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000114684

**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

**Certificate of Status Desired:** No

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

SPISAK, KAREN G  
2804 N. 36TH STREET  
TAMPA, FL 33605 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 MGRM  
Name SPISAK, KAREN G  
Address 4185 13TH WAY NE  
City-State-Zip: ST. PETERSBURG FL 33703

Title MGRM  
Name BELL, CHRISTOPHER J  
Address 4185 13TH WAY NE  
City-State-Zip: ST. PETERSBURG FL 33703

Title MGRM  
Name BARRS, CHRISTOPHER C  
Address 3620 OHIO AVENUE  
City-State-Zip: TAMPA FL 33611

*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

MGRM

02/23/2015

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

\_\_\_\_\_  
Date