

**2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000030003

**Entity Name:** 215 TOWNSEND, LLC

**Current Principal Place of Business:**

1233 SNELL ISLE BLVD. NE  
ST. PETERSBURG, FL 33704

**Current Mailing Address:**

1233 SNELL ISLE BLVD. NE  
ST. PETERSBURG, FL 33704 US

**FEI Number:** 27-0383845

**Certificate of Status Desired:** No

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

GACIO, SANDRA R  
1233 SNELL ISLE BLVD. NE  
ST. PETERSBURG, FL 33704 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:** SANDRA R. GACIO

02/06/2019

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGR  
Name GACIO, SANDRA R  
Address 1233 SNELL ISLE BLVD. NE  
City-State-Zip: ST. PETERSBURG FL 33704

Title MEM  
Name RHODEN, DEBORAH ROGERS  
Address 215 TOWNSEND  
City-State-Zip: LAKE WALES FL 33853

*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:** SANDRA R GACIO

MRG

02/06/2019

Electronic Signature of Signing Authorized Person(s) Detail

Date