

**2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000054204

**Entity Name:** E. VIDDAL & ASSOCIATES LLC

**Current Principal Place of Business:**

601 N. ASHLEY DRIVE  
SUITE 1100  
TAMPA, FL 33602

**FILED**  
**Jun 18, 2019**  
**Secretary of State**  
**7661342158CC**

**Current Mailing Address:**

405 MADISON AVENUE  
SUITE 2100  
TOLEDO, OH 43604 US

**FEI Number:** 27-0544728

**Certificate of Status Desired:** Yes

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

CT CORPORATION SYSTEMS  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 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:** MADONNA CUDDIHY, SPECIAL ASSISTANT SECRETARY

06/18/2019

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title            PRESIDENT / CEO  
Name            CRISP, JOHN  
Address        405 MADISON AVENUE  
                  SUITE 2100  
City-State-Zip: TOLEDO OH 43604

Title            TREASURER  
Name            SOUTHERN, BILL  
Address        405 MADISON AVENUE  
                  SUITE 2100  
City-State-Zip: TOLEDO OH 43604

Title            MGR  
Name            BLOCK COMMUNICATIONS, INC.  
Address        405 MADISON AVE #2100  
City-State-Zip: TOLEDO OH 43604

Title            MANAGER  
Name            BLOCK, ALLAN  
Address        405 MADISON AVENUE  
                  SUITE 2100  
City-State-Zip: TOLEDO OH 43604

*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 KORTOKRAX

VP TAX

06/18/2019

Electronic Signature of Signing Authorized Person(s) Detail

Date