

**2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000081477

**Entity Name:** BILEVE,LLC

**Current Principal Place of Business:**

5133 W. CYPRESS ST.  
TAMPA, FL 33607

**Current Mailing Address:**

5133 W. CYPRESS ST.  
TAMPA, FL 33607 US

**FEI Number:** 27-1136304

**Certificate of Status Desired:** No

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

GILLESPIE, WILLIAM P  
5133 W. CYPRESS ST.  
TAMPA, FL 33607 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	Title	OWNER
Name	RICHTER, STEVEN W	Name	GILLESPIE, WILLIAM P
Address	5133 W. CYPRESS ST.	Address	5133 W. CYPRESS ST.
City-State-Zip:	TAMPA FL 33607	City-State-Zip:	TAMPA FL 33607
Title	MANAGER		
Name	ROBERT, BARCUS		
Address	5133 W. CYPRESS ST.		
City-State-Zip:	TAMPA FL 33607		

*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:** ROBERT BARCUS

MANAGER

05/01/2019

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

\_\_\_\_\_  
Date