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: TRACY J ROBIN

Electronic Signature of Signing Authorized Person(s) Detail

2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L09000096410

Entity Name: 1510 W. CLEVELAND OFFICE VENTURE, LLC

Current Principal Place of Business:

1510 W. CLEVELAND STREET TAMPA, FL 33606

Current Mailing Address:

1510 W. CLEVELAND STREET TAMPA, FL 33606

FEI Number: 27-1071778

Name and Address of Current Registered Agent:

ROBIN, TRACY J 1510 W. CLEVELAND STREET TAMPA, FL 33606 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:

Electroni

Authorized Person(s)

Title	MGRM	Title	MGRM
Name	ROBIN, TRACY J	Name	STRALEY, MARK K
Address	1510 W. CLEVELAND STREET	Address	1510 W. CLEVELAND STREET
City-State-Zip:	TAMPA FL 33606	City-State-Zip:	TAMPA FL 33606

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nic Signature of Reg	istered Agent						
s) Detail :							
			Title	Ν	MGRM		
RACY J			Name	5	STRALEY, MA	ARK K	

MANAGER MEMBER

Date

FILED Mar 22, 2023 Secretary of State 3098826312CC

Certificate of Status Desired: Yes

03/22/2023

Date