# 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 608, 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

**Current Principal Place of Business:** 

Entity Name: 1510 W. CLEVELAND OFFICE VENTURE, LLC

1510 W. CLEVELAND STREET TAMPA, FL 33606

DOCUMENT# L09000096410

## **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:

Electronic Signature of Registered Agent

#### Authorized Person(s) Detail :

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

2013 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

Feb 05, 2013 Secretary of State CC5029015712

FILED

Certificate of Status Desired: Yes

Date

02/05/2013 Date

MGRM