

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000057305

**Entity Name:** TARPON HOSPITALITY GROUP, LLC

**Current Principal Place of Business:**

38724 U.S. 19 NORTH  
TARPON SPRINGS, FL 34689

**Current Mailing Address:**

2958 KENILWICK DR. NORTH  
CLEARWATER, FL 33761 US

**FEI Number:** 27-2836006

**Certificate of Status Desired:** No

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

MENNA, AMY M  
2958 KENILWICK DR. N  
CLEARWATER, FL 33761 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 AUTHORIZED MEMBER  
Name MENNA-EGERTER, AMY M  
Address 2958 KENILWICK DR. N.  
City-State-Zip: CLEARWATER FL 33761

Title AUTHORIZED MEMBER  
Name CASTELLI, DAVID & ELISA  
Address 2958 KENILWICK DR. N  
City-State-Zip: CLEARWATER FL 33761

Title AUTHORIZED MEMBER  
Name MENNA, AGOSTINO & MAR  
Address 2958 KENILWICK DR. N.  
City-State-Zip: CLEARWATER FL 33761

Title AUTHORIZED MEMBER  
Name MENNA, ANNA-M  
Address 2958 KENILWICK DR. N.  
City-State-Zip: CLEARWATER FL 33761

Title AUTHORIZED MEMBER  
Name MENNA, MARIO & JOHN  
Address 2958 KENILWICK DR. N.  
City-State-Zip: CLEARWATER FL 33761

Title AUTHORIZED MEMBER  
Name LEGNINI, GUISEPPE  
Address 2958 KENILWICK DR. N.  
City-State-Zip: CLEARWATER FL 33761

*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:** AMY M. MENNA-EGERTER

**MEMBER**

**03/23/2015**

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

\_\_\_\_\_  
Date