

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000064406

**Entity Name:** CENTERCORP AT ST. PETERSBURG, LLC

**Current Principal Place of Business:**

600 LORING AVENUE  
SALEM, MA 01970

**Current Mailing Address:**

600 LORING AVENUE  
SALEM, MA 01970

**FEI Number:** 27-2986250

**Certificate of Status Desired:** No

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

KALMAN, MARK  
434 ADDISON PARK LANE  
BOCA RATON, FL 33432 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  
Name ROSE, ANDREW B  
Address 600 LORING AVE.  
City-State-Zip: SALEM MA 01970-4264

Title MGR  
Name KLAMAN, MARK  
Address 600 LORING AVE.  
City-State-Zip: SALEM MA 01970-4264

Title MGR  
Name KLAMAN, SARAH E  
Address 600 LORING AVE.  
City-State-Zip: SALEM MA 01970-4264

*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:** ANDREW B. ROSE

**MANAGING MEMBER**

**04/14/2015**

Electronic Signature of Signing Authorized Person(s) Detail

Date