

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000086152

**Entity Name:** AWRS OF PINELLAS, LLC

**Current Principal Place of Business:**

2027 SWAN LANE  
PALM HARBOR, FL 34683

**Current Mailing Address:**

PO BOX 4488  
CLEARWATER, FL 33758

**FEI Number:** 27-3150990

**Certificate of Status Desired:** Yes

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

MAGUIRE, KEVIN W  
2027 SWAN LANE  
PALM HARBOR, FL 34683 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            MAGUIRE, KEVIN W  
Address        PO BOX 4488  
City-State-Zip: CLEARWATER FL 33758

*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:** KEVIN W MAGUIRE

MGRM

02/04/2015

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

\_\_\_\_\_ Date