

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000119718

**Entity Name:** 1607 MARION, LLC

**Current Principal Place of Business:**

1505 N. FLORIDA AVENUE  
TAMPA, FL 33602

**Current Mailing Address:**

P.O. BOX 800  
TAMPA, FL 33601 US

**FEI Number:** 27-4762380

**Certificate of Status Desired:** No

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

CLARKE, PHILIP  
1505 N. FLORIDA AVENUE  
TAMPA, FL 33601 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	MGR	Title	MGR
Name	KASS, MICHAEL	Name	CLARKE, PHILIP K
Address	1505 N. FLORIDA AVENUE	Address	P.O. BOX 800
City-State-Zip:	TAMPA FL 33602	City-State-Zip:	TAMPA FL 33601

*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:** MICHAEL KASS

MGR

03/13/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date