

**2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000000727

**Entity Name:** 18269 TAMPA, LLC

**Current Principal Place of Business:**

JEANINE ALTON-RYAN/18269 TAMPA, LLC  
445 COVE TOWER DR APT 1204  
NAPLES, FL 34110

**Current Mailing Address:**

JEANINE ALTON-RYAN/18269 TAMPA, LLC  
445 COVE TOWER DR APT 1204  
NAPLES, FL 34110 US

**FEI Number:** 27-4437411

**Certificate of Status Desired:** No

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

ALTON-RYAN, JEANINE P  
JEANINE ALTON-RYAN/18269 TAMPA, LLC  
445 COVE TOWER DR APT 1204  
NAPLES, FL 34110 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 ALTON-RYAN, JEANINE P  
Address 18269 TAMPA, LLC  
445 COVE TOWER DR APT 1204  
City-State-Zip: NAPLES FL 34110

Title MGM  
Name ALTON, ANN L  
Address 18269 TAMPA, LLC  
619 FRONT ST UNIT 3106  
City-State-Zip: CELEBRATION FL 34747

*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:** JEANINE P. ALTON-RYAN

MGRM

01/31/2022

Electronic Signature of Signing Authorized Person(s) Detail

Date