

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000000727

**Entity Name:** 18269 TAMPA, LLC

**Current Principal Place of Business:**

19239 AUTUMN WOODS AVENUE  
TAMPA, FL 33647

**Current Mailing Address:**

19239 AUTUMN WOODS AVENUE  
TAMPA, FL 33647

**FEI Number:** 27-4437411

**Certificate of Status Desired:** No

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

ALTON-RYAN, JEANINE P  
19239 AUTUMN WOODS AVENUE  
TAMPA, FL 33647 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 19239 AUTUMN WOODS AVENUE  
City-State-Zip: TAMPA FL 33647

Title MGRM  
Name ALTON, ANN L  
Address 2105 XANTHUS LANE  
City-State-Zip: PLYMOUTH MN 55447

*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

01/07/2015

Electronic Signature of Signing Authorized Person(s) Detail

Date