

**2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000022831

**Entity Name:** 1800 PINE ISLAND, LLC

**Current Principal Place of Business:**

400 CARILLON PARKWAY, STE. 230  
ST. PETERSBURG, FL 33716

**Current Mailing Address:**

400 CARILLON PARKWAY, STE. 230  
ST. PETERSBURG, FL 33716

**FEI Number:** 45-1780701

**Certificate of Status Desired:** No

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

COCKEY, PRESTON OJR  
110 E MADISON STREET STE 204  
TAMPA, FL 33602 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 NOWAK, GREG A  
Address 400 CARILLON PARKWAY, STE. 230  
City-State-Zip: ST. PETERSBURG FL 33716

Title MGRM  
Name MIRASOLA, FRANCO JR  
Address 400 CARILLON PARKWAY, STE. 230  
City-State-Zip: ST. PETERSBURG FL 33716

Title MGRM  
Name COLLINS, R. SCOTT  
Address 400 CARILLON PARKWAY, STE. 230  
City-State-Zip: ST. PETERSBURG FL 33716

*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:** GREG NOWAK

MGR

02/26/2014

Electronic Signature of Signing Authorized Person(s) Detail

Date