

**2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000068861

**Entity Name:** FLORIDA DUNNELLON LLC

**Current Principal Place of Business:**

804 SOUTH NEWPORT AVE.  
TAMPA, FL 33606

**Current Mailing Address:**

804 S NEWPORT AVE  
TAMPA, FL 33606 US

**FEI Number:** NOT APPLICABLE

**Certificate of Status Desired:** No

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

SPARKS PLAYGROUND LP  
804 S NEWPORT AVE  
TAMPA, FL 33606 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:** JOAN M MARMARELLIS G.P., LP

03/23/2018

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGRM  
Name SPARKS PLAYGROUND LP  
Address 804 S NEWPORT AVE  
City-State-Zip: TAMPA FL 33606

Title G.P. MEMBER SPARKS  
PLAYGROUND, LP  
Name MARMARELLIS, JOAN M  
Address 804 SOUTH NEWPORT AVE.  
City-State-Zip: TAMPA FL 33606

Title G.P. MEMBER SPARKS  
PLAYGROUND, LP  
Name FAGER, CHARLES J  
Address 804 SOUTH NEWPORT AVE.  
City-State-Zip: TAMPA FL 33606

Title MANAGER  
Name FAGER, JONATHAN M  
Address 804 S NEWPORT AVE.  
City-State-Zip: TAMPA FL 33606

*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:** JOAN M MARMARELLIS

G.P. MEMBER SPARKS  
PLAYGROUND LP

03/23/2018

Electronic Signature of Signing Authorized Person(s) Detail

Date