

**2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000112358

**Entity Name:** 603 S MISSOURI AVE, LLC

**Current Principal Place of Business:**

10750 SPRING STREET  
LARGO, FL 33774

**Current Mailing Address:**

10750 SPRING STREET  
LARGO, FL 33774

**FEI Number:** 45-3947546

**Certificate of Status Desired:** No

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

LECOMPTE, MORRIS A  
800 - 2ND AVE SOUTH STE 380  
ST PETERSBURG, FL 33701 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	ANDERSON, MEGAN W	Name	CARLAN, LAUREN W
Address	10750 SPRING STREET	Address	5957 BAYVIEW CIR. S
City-State-Zip:	LARGO FL 33774	City-State-Zip:	GULFPORT FL 33707

*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:** MEGAN W ANDERSON

**MANAGER**

**03/19/2014**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date