

**2013 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L12000022573

**Entity Name:** 918 GIDDENS, LLC

**Current Principal Place of Business:**

7901 NORTH FLORIDA AVENUE  
TAMPA, FL 33604

**Current Mailing Address:**

P.O. BOX 10765  
TAMPA, FL 33679

**FEI Number:** 45-4618936

**Certificate of Status Desired:** No

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

HICKEY, WENDY  
7901 NORTH FLORIDA AVENUE  
TAMPA, FL 33604 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	HICKEY, GEORGE	Name	HICKEY, WENDY
Address	P.O. BOX 10765	Address	P.O. BOX 10765
City-State-Zip:	TAMPA FL 33679	City-State-Zip:	TAMPA FL 33679

*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 608, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** WENDY HICKEY

**MGR**

**01/26/2013**

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

\_\_\_\_\_  
Date