

**2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L12000039198

**Entity Name:** 455 TARPON AVENUE, LLC

**Current Principal Place of Business:**

9469 RIDGE BLVD  
BROOKLYN, NY 11209

**Current Mailing Address:**

PO BOX 090-353  
BROOKLYN, NY 11209 US

**FEI Number:** APPLIED FOR

**Certificate of Status Desired:** No

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

PLATTE, DAVID E ESQ.  
1001 S. FT. HARRISON AVE.  
SUITE 201  
CLEARWATER, FL 33756 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 M, MANAGER  
Name PSARELLIS, STEPHANOS C  
Address P O BOX 090-353  
City-State-Zip: BROOKLYN NY 11209

*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:** STEPHANOS C PSARELLIS

**MANAGER**

**02/25/2019**

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

\_\_\_\_\_  
Date