

**2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L12000061380

**Entity Name:** 4209 BAY VISTA, LLC**Current Principal Place of Business:**3225 S. MACDILL AVENUE  
129-128  
TAMPA, FL 33629**Current Mailing Address:**C/O TOM LONCAR  
4950 WEST KENNEDY BLVD 610  
TAMPA, FL 33609 US**FEI Number:** 45-5334920**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**LONCAR, TOM  
C/O TOM LONCAR  
4950 WEST KENNEDY BLVD 610  
TAMPA, FL 33609 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:** TOM LONCAR

05/01/2022

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title	MGRM
Name	JK HOLDINGS, LLC
Address	C/O TOM LONCAR 4950 WEST KENNEDY BLVD 610
City-State-Zip:	TAMPA FL 33609
Title	AMBR
Name	K&K MANAGEMENT OF TAMPA LLC
Address	C/O TOM LONCAR 4950 WEST KENNEDY BLVD 610
City-State-Zip:	TAMPA FL 33609

Title	COO
Name	KISLAK, KATHRYN
Address	3225 S. MACDILL AVENUE 129-128
City-State-Zip:	TAMPA FL 33629

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:** KATHRYN KISLAK

COO

05/01/2022

Electronic Signature of Signing Authorized Person(s) Detail

Date