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: CARY D CARRENO

Electronic Signature of Signing Authorized Person(s) Detail

Current Principal Place of Business:

Entity Name: 522 HOBBS ROAD, LLC

522 HOBBS ROAD TAMPA, FL 33619

Current Mailing Address:

DOCUMENT# L12000067080

522 HOBBS STREET TAMPA FL 33619 US

FEI Number: 45-5338111

Name and Address of Current Registered Agent:

CARRENO, CARY D **522 HOBBS STREET** TAMPA, FL 33619 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	: CARY D CARRENO			03/08/2016
	Electronic Signature of Registered Agent			Date
Authorized Person(s) Detail :				
Title	MGRM	Title	MGRM	
Name	CARRENO, CARY	Name	FARRELL, SEAN C	
Address	522 HOBBS STREET	Address	522 HOBBS STREET	
City-State-Zip:	TAMPA FL 33619	City-State-Zip:	TAMPA FL 33619	

Certificate of Status Desired: No

2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

03/08/2016

Date

FILED Mar 08, 2016

Secretary of State

CC6825944649

MEMBER