

**2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L12000129052

**Entity Name:** 1215 EUCLID, LLC

**Current Principal Place of Business:**

1215 15TH AVENUE NORTH  
ST. PETERSBERG, FL 33704

**Current Mailing Address:**

P.O. BOX 7759  
ST. PETERSBURG, FL 33734 US

**FEI Number:** 46-1196934

**Certificate of Status Desired:** No

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

SCOTT, SHARRON R  
1215 15TH AVENUE NORTH  
ST. PETERSBERG, FL 33704 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  
Name TRAVEL WORLD MANAGEMENT, INC.  
Address 1215 15TH AVENUE NORTH  
City-State-Zip: ST. PETERSBERG FL 33704

*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:** SHARRON R. SCOTT

**OFFICER**

**03/31/2019**

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

\_\_\_\_\_  
Date