

**2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L12000149950

**Entity Name:** 3930 TAMPA LLC

**Current Principal Place of Business:**

3930 TAMPA ROAD  
OLDSMAR, FL 34677

**Current Mailing Address:**

1866 BRIGHTWATERS BLVD NE  
ST PETERSBURG , FL 33704 US

**FEI Number:** 46-1533385

**Certificate of Status Desired:** No

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

SPIEGEL & UTRERA, P.A.  
1840 SW 22ND ST.  
4TH FLOOR  
MIAMI, FL 33145 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            | STOVER, WILLIAM           | Name            | STOVER, MEGAN             |
| Address         | 3930 TAMPA ROAD           | Address         | 1866 BRIGHTWATERS BLVD NE |
| City-State-Zip: | OLDSMAR FL 34677          | City-State-Zip: | ST PETERSBURG FL 33704    |
|                 |                           |                 |                           |
| Title           | S                         | Title           | T                         |
| Name            | STOVER, MEGAN             | Name            | STOVER, WILLIAM           |
| Address         | 1866 BRIGHTWATERS BLVD NE | Address         | 3930 TAMPA ROAD           |
| City-State-Zip: | ST PETERSBURG FL 33704    | City-State-Zip: | OLDSMAR FL 34677          |

*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: MEGAN STOVER

MGR

04/24/2014

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

\_\_\_\_\_  
Date