

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L12000150301

**Entity Name:** NELSON SASS GROUP, LLC

**Current Principal Place of Business:**

601 W. DR. MARTIN LUTHER KING, JR. BLVD.  
TAMPA, FL 33603

**Current Mailing Address:**

601 W. DR. MARTIN LUTHER KING, JR. BLVD.  
TAMPA, FL 33603

**FEI Number:** 46-1503901

**Certificate of Status Desired:** No

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

SASS, CYNTHIA N  
601 W. DR. MARTIN LUTHER KING, JR. BLVD.  
TAMPA, FL 33603 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 SASS, CYNTHIA N  
Address 601 W. DR. MARTIN LUTHER KING,  
JR. BLVD.  
City-State-Zip: TAMPA FL 33603

Title MGR  
Name SASS, CHRISTOPHER  
Address 601 W. DR. MARTIN LUTHER KING,  
JR. BLVD.  
City-State-Zip: TAMPA FL 33603

Title MGR  
Name NELSON, DEBRA S  
Address 601 W. DR. MARTIN LUTHER KING,  
JR. BLVD.  
City-State-Zip: TAMPA FL 33603

*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:** CYNTHIA N. SASS

**MANAGER**

**01/15/2015**

Electronic Signature of Signing Authorized Person(s) Detail

Date