

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L12000152508

**Entity Name:** 2720 TWIN OAKS WAY LLC

**Current Principal Place of Business:**

2835 W DELEON ST  
# 202  
TAMPA, FL 33609

**Current Mailing Address:**

2835 W DELEON ST  
# 202  
TAMPA, FL 33609 US

**FEI Number:** 47-1478880

**Certificate of Status Desired:** No

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

KAMPSSEN, KRIS  
2835 W DELEON ST  
# 202  
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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Authorized Person(s) Detail :**

Title MGR  
Name KAMPSSEN, KRIS  
Address 2835 W DELEON ST - # 202  
City-State-Zip: TAMPA FL 33609

*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:** KRIS KAMPSSEN

**OWNER**

**03/24/2015**

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

\_\_\_\_\_  
Date