

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L13000095129

**Entity Name:** 4521 SHAMROCK LLC

**Current Principal Place of Business:**

C/O TOM LONCAR  
4590 WEST KENNEDY BLVD 610  
TAMPA, FL 33609

**Current Mailing Address:**

C/O TOM LONCAR  
4590 WEST KENNEDY BLVD 610  
TAMPA, FL 33609 US

**FEI Number:** 90-1006181

**Certificate of Status Desired:** No

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

LONCAR, TOM  
C/O TOM LONCAR  
4590 WEST KENNEDY BLVD 610  
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:** TOM LONCAR

01/14/2015

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGRM  
Name JIK HOLDINGS, LLC  
Address C/O TOM LONCAR  
4590 WEST KENNEDY BLVD 610  
City-State-Zip: TAMPA FL 33609

Title COO  
Name KISLAK, KATHRYN  
Address 3225 S. MACDILL AVE  
129-128  
City-State-Zip: TAMPA FL 33629

Title COO  
Name KISLAK, KATHRYN  
Address 3225 S. MACDILL AVE  
129-128  
City-State-Zip: TAMPA FL 33629

*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:** KATHRYN KISLAK

COO

01/14/2015

Electronic Signature of Signing Authorized Person(s) Detail

Date