## 2019 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

# 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.

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SIGNATURE	: TOM LONCAR			04/29/2019
	Electronic Signature of Registered Agent			Date
Authorized Person(s) Detail :				
Title	MGRM	Title	COO	
Name	JIK HOLDINGS, LLC	Name	KISLAK, KATHRYN	
Address	C/O TOM LONCAR 4590 WEST KENNEDY BLVD 610	Address	3225 S. MACDILL AVE 129-128	
City-State-Zip:	TAMPA FL 33609	City-State-Zip:	TAMPA FL 33629	
Title	СОО			
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

C00

Date

Electronic Signature of Signing Authorized Person(s) Detail

Certificate of Status Desired: No