

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L13000103423

**Entity Name:** 13015 SUMMERFIELD SQ LLC

**Current Principal Place of Business:**

5105 N ARMENIA  
TAMPA, FL 33603

**Current Mailing Address:**

10002 PRINCESS PALM AVE, STE 318  
TAMPA, FL 33619 US

**FEI Number:** 46-3247785

**Certificate of Status Desired:** Yes

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

DAVIS, CHRISTOPHER  
10002 PRINCESS PALM AVE  
STE 318  
TAMPA, FL 33619 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 MGRM  
Name BOOTHBY, RENE  
Address 5105 N ARMENIA  
City-State-Zip: TAMPA FL 33603

Title MGRM  
Name RIVERA, MIGUEL A  
Address 5105 N ARMENIA  
City-State-Zip: TAMPA FL 33603

Title MGRM  
Name POWELL, SCOTT A  
Address 5105 N ARMENIA  
City-State-Zip: TAMPA FL 33603

Title MGRM  
Name ROGERS, JEREMY B  
Address 5105 N ARMENIA  
City-State-Zip: TAMPA FL 33603

Title MGRM  
Name AGLIANO, DENNIS S  
Address 5105 N. ARMENIA AVE  
City-State-Zip: TAMPA FL 33603

Title MD  
Name AGNELLO, PETER DR.  
Address 5105 N ARMENIA  
City-State-Zip: TAMPA FL 33603

Title MD  
Name NOFSINGER, YOON  
Address 5105 N ARMENIA  
City-State-Zip: TAMPA FL 33603

Title AUTHORIZED MEMBER  
Name LEE, JANET  
Address 10002 PRINCESS PALM AVE, STE 318  
340  
City-State-Zip: TAMPA FL 33619

**Continues on page 2**

*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:** MIGUEL RIVERA

**MEMBER**

**02/20/2024**

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

\_\_\_\_\_  
Date

**Authorized Person(s) Detail Continued :**

Title AUTHORIZED MEMBER  
Name ANDERSON, SCOTT  
Address 10002 PRINCESS PALM AVE, STE 318  
City-State-Zip: TAMPA FL 33619

Title AUTHORIZED MEMBER  
Name FISHER, MICHELLE  
Address 10002 PRINCESS PALM AVE, STE 318  
City-State-Zip: TAMPA FL 33619

Title AUTHORIZED MEMBER  
Name BAINES, PAMELA  
Address 10002 PRINCESS PALM AVE, STE 318  
City-State-Zip: TAMPA FL 33619