

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L14000012563

**Entity Name:** 10050 N FLORIDA AVE, LLC

**Current Principal Place of Business:**

2340 DREW STREET  
SUITE 300  
CLEARWATER, FL 33765

**Current Mailing Address:**

2340 DREW STREET  
SUITE 300  
CLEARWATER, FL 33765

**FEI Number:** 47-3082733

**Certificate of Status Desired:** No

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

POLITIS, GREGORY  
2340 DREW STREET  
SUITE 300  
CLEARWATER, FL 33765 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 POLITIS, GREGORY  
Address 2340 DREW STREET STE 300  
City-State-Zip: CLEARWATER FL 33756

Title MANAGER  
Name POLITIS, CHRISTOS  
Address 2340 DREW STREET  
SUITE 300  
City-State-Zip: CLEARWATER FL 33765

Title MANAGER  
Name POLITIS, PETER  
Address 2340 DREW STREET  
SUITE 300  
City-State-Zip: CLEARWATER FL 33765

Title MANAGER  
Name POLITIS, ALEXANDER  
Address 2340 DREW STREET  
SUITE 300  
City-State-Zip: CLEARWATER FL 33765

*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:** GREGORY POLITIS

MGR

02/10/2015

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

\_\_\_\_\_  
Date