

**2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L14000014385

**Entity Name:** 1697 GLADYS STREET, LLC

**Current Principal Place of Business:**

1697 GLADYS STREET  
LARGO, FL 33774

**Current Mailing Address:**

PO BOX 233  
INDIAN ROCKS BEACH, FL 33785 US

**FEI Number:** NOT APPLICABLE

**Certificate of Status Desired:** No

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

HOFFMAN, MICHAEL A  
12172 145TH STREET N  
LARGO, FL 33774 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            AMBR  
Name            HOFFMAN, MICHAEL A  
Address        PO BOX 233  
City-State-Zip: INDIAN ROCKS BEACH FL 33785

Title            AMBR  
Name            HOFFMAN, MICHAEL A  
Address        PO BOX 233  
City-State-Zip: INDIAN ROCKS BEACH FL 33785

*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:** MICHAEL HOFFMAN

**MEMBER**

**05/01/2016**

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

\_\_\_\_\_ Date