

2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L14000141766

FILED
Mar 30, 2016
Secretary of State
CC0640786221

Entity Name: TAMPA BAY REMEDIES LLC

Current Principal Place of Business:

11880 28TH STREET NORTH
ST PETERSBURG, FL 33716

Current Mailing Address:

11880 28TH STREET NORTH
ST PETERSBURG, FL 33716

FEI Number: 46-1666684

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

HERBST, JOHN
501 FIRST AVE NORTH
SUITE 420
ST PETERSBURG, FL 33701 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 TYLMAN, FRANK J ESQ
Address 146 2ND STREET N #310
City-State-Zip: ST PETERSBURG FL 33701

Title AMBR
Name HERBST, JOHN M ESQ
Address 641 FIRST STREET SOUTH
City-State-Zip: ST PETERSBURG FL 33701

Title AMBR
Name BRETON, RANDY
Address 11880 28TH STREET NORTH
City-State-Zip: ST PETERSBURG FL 33716

Title AMBR
Name EARLYWINE, KERRY DR
Address 10251 SW 5TH COURT #408
City-State-Zip: PEMBROKE PINES FL 32021

Title AMBR
Name FRANCIS, DANIEL P
Address 4508 NETHERWOOD DR
City-State-Zip: TAMPA FL 33624

Title AMBR
Name VERMA, DEEPA
Address 3165 N MCMULLEN BOOTH RD STE D-2
City-State-Zip: CLEARWATER FL 33761

Title AMBR
Name BISHOP, MARK
Address 6022 SOUTH 6TH STREET
City-State-Zip: TAMPA FL 33611

Title AMBR
Name PETRUCELLI, DAVID
Address 5152 4TH AVE N
City-State-Zip: ST PETERSBURG FL 33710

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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: JOHN HERBST

AMBR

03/30/2016

Electronic Signature of Signing Authorized Person(s) Detail

Date

Authorized Person(s) Detail Continued :

Title AMBR
Name FULMAR, KEITH
Address 7837 TUSCANY WOODS DR
City-State-Zip: TAMPA FL 33647

Title AMBR
Name GREENE, KURT
Address 6214 HALF FOME DRIVE
City-State-Zip: CHARLOTTE NC 28269