#### **2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L14000191598

Entity Name: TAZ BENEFIT, LLC

Jan 19, 2018 Secretary of State CC5097888694

**FILED** 

# **Current Principal Place of Business:**

3341 LEAF LAKE DRIVE LAND O'LAKES. FL 34639

## **Current Mailing Address:**

3341 LEAF LAKE DRIVE LAND O'LAKES. FL 34639 US

FEI Number: 47-2460925 Certificate of Status Desired: No

### Name and Address of Current Registered Agent:

MYSELS, ELISE 3341 LEAF LAKE DRIVE LAKE O'LAKES, FL 34639 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 AUTHORIZED MEMBER Title AUTHORIZED REPRESENTATIVE

NameMYSELS, ELISE DNameMYSELS, ELISE DAddress3341 LEAF LAKE DRAddress3341 LEAF LAKE DR

City-State-Zip: LAND O LAKES FL 34639 City-State-Zip: LAND O LAKES FL 34639

Title MANAGER

Name MYSELS, DERRICK M
Address 3341 LEAF LAKE DRIVE
City-State-Zip: LAND O'LAKES FL 34639

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: ELISE MYSELS

**AUTHORIZED MEMBER** 

01/19/2018