

**2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L15000105900

**Entity Name:** 3015 AZEELE LLC

**Current Principal Place of Business:**

405 S DALE MABRY HWY  
SUITE 128  
TAMPA, FL 33609

**Current Mailing Address:**

6300 SAGEWOOD DRIVE  
SUITE H-117  
PARK CITY, UT 84098 US

**FEI Number:** APPLIED FOR

**Certificate of Status Desired:** No

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

PRESTON O. COCKEY JR. PA  
110 E MADISON ST  
SUITE 204  
TAMPA, FL 33602 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	MANAGER	Title	MANAGER
Name	SCAGLIONE, MEGAN	Name	SCAGLIONE, RONALD
Address	6300 SAGEWOOD DRIVE SUITE H-117	Address	405 S DALE MABRY HWY SUITE 128
City-State-Zip:	PARK CITY UT 84098	City-State-Zip:	TAMPA FL 33609

*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:** MEGAN SCAGLIONE

MANAGER

01/24/2018

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

\_\_\_\_\_  
Date