

**2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L15000145432

**Entity Name:** 4001 WEST SAN RAFAEL, LLC

**Current Principal Place of Business:**

4115 W. DALE AVENUE  
TAMPA, FL 33609

**Current Mailing Address:**

4115 W. DALE AVENUE  
TAMPA, FL 33609

**FEI Number:** 47-4939274

**Certificate of Status Desired:** No

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

KIRKWOOD, PETER T  
601 BAYSHORE BLVD, SUITE 700  
TAMPA, FL 33606 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            CASON, JOHNNIE R  
Address        4115 W. DALE AVENUE  
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:** JOHNNIE R. CASON

**MANAGER**

**02/13/2017**

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

\_\_\_\_\_  
Date