

**2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L16000023708

**Entity Name:** MANAGEMENT COMPANY, LLC

**Current Principal Place of Business:**

1793 W. HILLSBOROUGH AVENUE  
TAMPA, FL 33603

**Current Mailing Address:**

1793 W. HILLSBOROUGH AVENUE  
TAMPA, FL 33603 US

**FEI Number:** NOT APPLICABLE

**Certificate of Status Desired:** Yes

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

GARCIA, EDUARDO  
1793 W. HILLSBOROUGH AVENUE  
TAMPA, FL 33603 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	Title	MGR
Name	GARCIA, EDUARDO	Name	LEYVA, NANCY C
Address	1793 W. HILLSBOROUGH AVENUE	Address	1793 W. HILLSBOROUGH AVENUE
City-State-Zip:	TAMPA FL 33603	City-State-Zip:	TAMPA FL 33603

*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:** NANCY C LEYVA

MANAGER

06/08/2020

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

\_\_\_\_\_  
Date