

2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L16000072013

Entity Name: MD POOLER, LLC

Current Principal Place of Business:

1511 N. WEST SHORE BOULEVARD
SUITE 750
TAMPA, FL 33607-4504

Current Mailing Address:

1511 N. WEST SHORE BOULEVARD
SUITE 750
TAMPA, FL 33607-4504 US

FEI Number: 61-1790534

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

SILVA, AL
1511 N WEST SHORE BLVD. #750
TAMPA, FL 33607 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: AL SILVA

02/01/2019

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title MGR
Name MD DEVELOPMENT, LLC
Address 1511 N. WEST SHORE BOULEVARD
SUITE 750
City-State-Zip: TAMPA FL 33607-4504

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: ALBERT SILVA

AUTH. REP.

02/01/2019

Electronic Signature of Signing Authorized Person(s) Detail

Date