

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L16000140459

**Entity Name:** CARROLLWOOD BANK BUILDING 215 LLC

**Current Principal Place of Business:**

809 WHITCOMB BLVD  
TARPON SPRINGS, FL 34689

**Current Mailing Address:**

809 WHITCOMB BLVD  
TARPON SPRINGS, FL 34689 US

**FEI Number: 81-3398001**

**Certificate of Status Desired: No**

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

POST INDUSTRIES, LLC  
3307 US HWY 19  
HOLIDAY, FL 34691 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: ROGER POST**

**04/25/2024**

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MBR  
Name ZENON L POST TRUSTEE  
Address 809 WHITCOMB BLVD  
City-State-Zip: TARPON SPRINGS FL 34689

Title MBR  
Name GEORGIA POST TRUSTEE  
Address 809 WHITCOMB BLVD  
City-State-Zip: TARPON SPRINGS FL 34689

Title MANAGER  
Name POST, ROGER  
Address 970 BAYSHORE DR  
City-State-Zip: TARPON SPRINGS FL 34689

Title MANAGER  
Name POST, MARINOS  
Address 929 WESTWINDS BLVD  
City-State-Zip: TARPON SPRINGS FL 34689

Title MANAGING MEMBER  
Name POST, SUSAN  
Address 970 BAYSHORE DR  
City-State-Zip: TARPON SPRINGS FL 34689

*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: ROGER POST**

**MANAGING PARTNER**

**04/25/2024**

Electronic Signature of Signing Authorized Person(s) Detail

Date