

2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L16000149836

Entity Name: 3325 WOODLAWN, LLC**Current Principal Place of Business:**1900 N NEBRASKA AVE
TAMPA, FL 33602**Current Mailing Address:**1900 N NEBRASKA AVE
TAMPA, FL 33602 US**FEI Number:** 81-3576372**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**MENENDEZ, GILBERTO
1900 N NEBRASKA AVE
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	MGR	Title	MGR
Name	MENENDEZ, GILBERTO	Name	MENENDEZ, GILBERT J
Address	1900 N NEBRASKA AVE	Address	1900 N NEBRASKA AVE
City-State-Zip:	TAMPA FL 33602	City-State-Zip:	TAMPA FL 33602
Title	MGR	Title	MGR
Name	MENENDEZ, DARLENE	Name	MENENDEZ, BRIAN
Address	1900 N NEBRASKA AVE	Address	1900 N NEBRASKA AVE
City-State-Zip:	TAMPA FL 33602	City-State-Zip:	TAMPA FL 33602
Title	MGR		
Name	WHITE, KAREN		
Address	1900 N NEBRASKA AVE		
City-State-Zip:	TAMPA FL 33602		

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: BRIAN J MENENDEZ**MANAGER****02/12/2020**_____
Electronic Signature of Signing Authorized Person(s) Detail_____
Date