| FEI Number: NOT APPLICABLE Name and Address of Current Registered Agent: |  |                     | Certificate of Status Desired: Yes         |            |
|--|--|---------------------|--|------------|
|  |  | ered office or regi | stered agent, or both, in the State of Flo | orida.     |
| SIGNATURE:   | CINDY BONSIGNORI                         |                     |  | 02/15/2018 |
|  | Electronic Signature of Registered Agent |                     |  | Date       |
| Authorized P   | erson(s) Detail :<br>MANAGER             | Title               | AR   |            |

Name

| 2018 FLORIDA L | IMITED LIABILITY | COMPANY ANNUA | L REPORT |
|----------------|------------------|---------------|----------|

DOCUMENT# L17000187931

Entity Name: 114 MORGAN ST. LLC

## **Current Principal Place of Business:**

4101 CENTRAL AVE ST. PETERSBURG, FL 33713

### **Current Mailing Address:**

4101 CENTRAL AVE ST. PETERSBURG, FL 33713

# FE

## Ν

Name

Address

#### BONSIGNORI, CINDY ALEMAN, ALEJANDRO 4101 CENTRAL AVE Address 4101 CENTRAL AVE City-State-Zip: ST. PETERSBURG FL 33713 City-State-Zip: ST. PETERSBURG FL 33713

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: CINDY E BONSIGNORI

MGR

02/15/2018

Electronic Signature of Signing Authorized Person(s) Detail

Date