

2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L18000039051

Entity Name: 519 US 92, LLC**Current Principal Place of Business:**519 US 92 EAST
SEFFNER, FL 33584**Current Mailing Address:**8701 BAY ST NE
SAINT PETERSBURG, FL 33702 US**FEI Number:** 82-4439355**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**KOPEC, FRED
8701 BAY ST NE
SAINT PETERSBURG, FL 33702 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
Name	KOPEC, FRED
Address	8701 BAY ST NE
City-State-Zip:	SAINT PETERSBURG FL 33702

Title	AP
Name	KOPEC, ZACHARY A
Address	8701 BAY ST NE
City-State-Zip:	SAINT PETERSBURG FL 33702

Title	AP
Name	KOPEC, MATTHEW A
Address	8701 BAY ST NE
City-State-Zip:	SAINT PETERSBURG FL 33702

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: FRED KOPEC

MGR

01/23/2023

Electronic Signature of Signing Authorized Person(s) Detail_____
Date