

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L18000067302

**Entity Name:** A36, LLC

**Current Principal Place of Business:**

7432 E BANK DR  
TAMPA, FL 33617

**Current Mailing Address:**

PO BOX 48294  
TAMPA, FL 33687 US

**FEI Number:** 83-4450656

**Certificate of Status Desired:** No

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

ADETULA, IBUKUN DR.  
7432 E BANK DR  
TAMPA, FL 33617 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	AMBR
Name	ADETULA, IBUKUN DR.	Name	ADETULA, TASHAE
Address	PO BOX 48294	Address	PO BOX 48294
City-State-Zip:	TAMPA FL 33687	City-State-Zip:	TAMPA FL 33687

*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:** IBUKUN ADETULA

**MANAGER**

**07/17/2023**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date