

**2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L18000116300

**Entity Name:** 1020 MICHIGAN DR LLC

**Current Principal Place of Business:**

207 W. FRIERSON AVE.  
TAMPA, FL 33603

**Current Mailing Address:**

207 W. FRIERSON AVE.  
TAMPA, FL 33603 US

**FEI Number:** 36-4901579

**Certificate of Status Desired:** No

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

STORY, KATE  
207 W. FRIERSON AVE.  
TAMPA, FL 33603 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            AMBR  
Name            STORY, KATE  
Address        207 W. FRIERSON AVE.  
City-State-Zip: TAMPA FL 33603

*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:** KATE STORY

AMBR

03/09/2019

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

\_\_\_\_\_  
Date