

**2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L18000218207

**Entity Name:** 5900 N FLA AVE MAVSE LLC

**Current Principal Place of Business:**

262 4TH AVE N  
ST PETERSBURG, FL 33701

**Current Mailing Address:**

P.O. BOX 7598  
ST PETERSBURG, FL 33734 US

**FEI Number:** 83-1857982

**Certificate of Status Desired:** No

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

HT AGENTS, LLC  
146 2ND ST N  
SUITE 101  
SAINT PETERSBURG, FL 33701 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 MAVERICK SOUTHEAST, LLC  
Address 3390 PEACHTREE RD NE STE 100  
City-State-Zip: ATLANTA GA 30326

*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:** SHERI HAMMOND

**CFO**

**05/19/2021**

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

\_\_\_\_\_  
Date