

**2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L18000250767

**Entity Name:** 16170 MASARYKTOWN LLC

**Current Principal Place of Business:**

16170 HURBAN STREET  
MASARYKTOWN, FL 34604

**Current Mailing Address:**

PO BOX 262049  
TAMPA, FL 33685-9998 US

**FEI Number:** 83-2313495

**Certificate of Status Desired:** Yes

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

MONTs DE OCA, JERRY L  
5017 N COOLIDGE AVE  
TAMPA, FL 33614 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 MONTs DE OCA, JERRY L  
Address PO BOX 262049  
City-State-Zip: TAMPA FL 33685-9998

*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:** JERRY L MONTs DE OCA

MGR

02/26/2021

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

\_\_\_\_\_  
Date