

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L20000057111

**Entity Name:** KOVNICK TAMPA, LLC

**Current Principal Place of Business:**

625 E. TWIGGS ST  
#1000 PMB 95241  
TAMPA, FL 33602

**Current Mailing Address:**

625 E. TWIGGS ST  
#1000 PMB 95241  
TAMPA, FL 33602 US

**FEI Number:** 84-4882764

**Certificate of Status Desired:** No

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

KOVNICK, PAOLA  
625 E. TWIGGS ST  
#1000 PMB 95241  
TAMPA, FL 33602 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:** PAOLA KOVNICK

01/04/2023

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title	MGR	Title	MGR
Name	KOVNICK, MICHAEL C	Name	KOVNICK, PAOLA
Address	625 E. TWIGGS ST #1000 PMB 95241	Address	625 E. TWIGGS ST #1000 PMB 95241
City-State-Zip:	TAMPA FL 33602	City-State-Zip:	TAMPA FL 33602

*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:** PAOLA KOVNICK

**MANAGER**

01/04/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date