

**2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L21000074776

**Entity Name:** PAPPAS DADE CITY, LLC

**Current Principal Place of Business:**

1822 N. BELCHER RD., SUITE 200  
CLEARWATER, FL 33765

**Current Mailing Address:**

1822 N. BELCHER RD., SUITE 200  
CLEARWATER, FL 33765 US

**FEI Number:** 86-2465137

**Certificate of Status Desired:** No

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

PAPPAS, GEORGE G  
1822 N. BELCHER RD., SUITE 200  
CLEARWATER, FL 33765 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 PAPPAS, GEORGE G  
Address 1822 N. BELCHER RD., SUITE 200  
City-State-Zip: CLEARWATER FL 33765

Title AMBR  
Name PAPPAS, WILLIAM E  
Address 1822 N. BELCHER RD., SUITE 200  
City-State-Zip: CLEARWATER FL 33765

Title AMBR  
Name ZERVAS, CARRIE D  
Address 1822 N. BELCHER RD., SUITE 200  
City-State-Zip: CLEARWATER FL 33765

Title MGR  
Name PAPPAS, GEORGE E  
Address 1822 N. BELCHER RD., SUITE 200  
City-State-Zip: CLEARWATER FL 33765

Title MGR  
Name PAPPAS, IRENE  
Address 1822 N. BELCHER RD., SUITE 200  
City-State-Zip: CLEARWATER FL 33765

*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:** GEORGE G. PAPPAS

MGR

03/22/2022

Electronic Signature of Signing Authorized Person(s) Detail

Date