

2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L21000236212

Entity Name: TAMPA BAY CANNONS, LLC

Current Principal Place of Business:

2724 22ND STREET N
ST PETERSBURG, FL 33713

Current Mailing Address:

594 52ND TERRACE N
ST PETERSBURG, FL 33703 US

FEI Number: 87-2651546

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

MASONE, PETER
594 52ND TERRACE N
ST PETERSBURG, FL 33703 US

FILED
Aug 30, 2022
Secretary of State
8583063897CC

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 P
Name MASONE, PETER
Address 594 52ND TERRACE N
City-State-Zip: ST PETERSBURG FL 33703

Title VP
Name PERALES, FRANK B
Address 1924 W. FIG STREET
City-State-Zip: TAMPA FL 33606

Title VP
Name LEGUIZAMON, ANDRES
Address 13811 WOOD DUCK CIRCLE
City-State-Zip: BRADENTON FL 34202

Title MGR
Name MYHRBERG, AMANDA C
Address 4619 WHISPERING LEAVES DRIVE
City-State-Zip: SARASOTA FL 34243

Title AUTHORIZED MEMBER
Name RONEY, ANDREW J
Address 3001 HORATIO STREET
City-State-Zip: TAMPA FL 33609

Title AUTHORIZED MEMBER
Name CHARD, RYAN
Address 4221 WEST SPRUCE ST, UNIT 2418
City-State-Zip: TAMPA FL 33607

Title AUTHORIZED MEMBER
Name CROWDER, WILLIAM
Address 4935 WISHART BLVD
City-State-Zip: TAMPA FL 33603

Title MGR
Name SAGER, JACOB
Address 3811 W LEONA ST
City-State-Zip: TAMPA FL 33629

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: PETER MASONE

P

08/30/2022

Electronic Signature of Signing Authorized Person(s) Detail

Date