

**2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L21000474974

**Entity Name:** 10900 TARFLOWER DRIVE, LLC

**Current Principal Place of Business:**

10900 TARFLOWER DRIVE  
VENICE, FL 34293

**Current Mailing Address:**

178 W. SCHROCK RD., SUITE A  
WESTERVILLE, OH 43081

**FEI Number:** APPLIED FOR

**Certificate of Status Desired:** No

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

HOFFMAN, STEPHEN V  
2426 EAST LAS OLAS BOULEVARD  
FORT LAUDERDALE, FL 33301 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            MASTERS, GREG  
Address        178 WEST SCHROCK ROAD, SUITE A  
City-State-Zip: WESTERVILLE OH 43081

*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:** GREG MASTERS

**MANAGER**

**04/14/2022**

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

\_\_\_\_\_ Date