

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L21000524461

**Entity Name:** OV TIGERS LLC

**Current Principal Place of Business:**

4014 W. CORONA STREET  
TAMPA, FL 33629

**Current Mailing Address:**

4014 W. CORONA STREET  
TAMPA, FL 33629 US

**FEI Number:** 87-4058884

**Certificate of Status Desired:** No

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

BROWN, LYNNE  
4014 W. CORONA STREET  
TAMPA, FL 33629 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:** LYNNE BROWN

01/08/2024

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title AMBR  
Name BROWN, LYNNE  
Address 4014 W. CORONA STREET  
City-State-Zip: TAMPA FL 33629

Title AMBR  
Name BROWN, BRETTON  
Address 4014 W. CORONA STREET  
City-State-Zip: TAMPA FL 33629

Title AMBR  
Name HANKS, SUSAN  
Address 1724 EVENING SHADE LANE  
City-State-Zip: KNOXVILLE TN 37919

Title AMBR  
Name HANKS, MAURY  
Address 1724 EVENING SHADE LANE  
City-State-Zip: KNOXVILLE TN 37919

*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:** LYNNE BROWN

AMBR

01/08/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date