

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L22000319324

**Entity Name:** 505 S. MAGNOLIA AVE., LLC

**Current Principal Place of Business:**

505 S. MAGNOLIA AVE  
TAMPA, FL 33606

**Current Mailing Address:**

505 S. MAGNOLIA AVE  
TAMPA, FL 33606 US

**FEI Number:** 88-3926011

**Certificate of Status Desired:** No

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

ANDREW PHILIP MCDONALD  
505 S. MAGNOLIA AVE  
TAMPA, FL 33606 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	MGR	Title	MGR
Name	DAVID DUFF BARNHILL	Name	ANDREW PHILIP MCDONALD
Address	505 S. MAGNOLIA AVE	Address	505 S. MAGNOLIA AVE
City-State-Zip:	TAMPA FL 33606	City-State-Zip:	TAMPA FL 33606

*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:** ANDREW PHILIP MCDONALD

MGR

01/20/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date