

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L22000470825

**Entity Name:** 4914 SOUTH MACDILL LLC

**Current Principal Place of Business:**

4914 S. MACDILL AVE.  
TAMPA, FL 33611

**Current Mailing Address:**

4908 W. NASSAU ST.  
TAMPA, FL 33607 US

**FEI Number:** 88-4333816

**Certificate of Status Desired:** No

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

CASPER, CHRISTOPHER  
4908 W. NASSAU ST.  
TAMPA, FL 33607 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	AUTHORIZED REPRESENTATIVE
Name	BJC MANAGEMENT CORPORATION	Name	LACHANCE, JOHN
Address	4908 W. NASSAU ST.	Address	4908 W. NASSAU ST.
City-State-Zip:	TAMPA FL 33607	City-State-Zip:	TAMPA FL 33607
Title	CEO	Title	VP-FACILITIES
Name	CASPER, BLAKE J	Name	SCOTT, DALE
Address	4908 W. NASSAU ST.	Address	4908 W. NASSAU ST.
City-State-Zip:	TAMPA FL 33607	City-State-Zip:	TAMPA FL 33607
Title	VP, GC		
Name	CASPER, CHRISTOPHER		
Address	4908 W. NASSAU ST.		
City-State-Zip:	TAMPA FL 33607		

*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:** CHRISTOPHER CASPER

RA

01/15/2024

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

\_\_\_\_\_  
Date