

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
May 03, 2005 08:00 AM
Secretary of State

DOCUMENT # L00000007474

1. Entity Name
CULVER HOSPITALITY, LLC



Principal Place of Business
**ONE STEINBRENNER DRIVE
TAMPA, FL 33614**

Mailing Address
**ONE STEINBRENNER DRIVE
TAMPA, FL 33614**



01032005 No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3742644

App'd For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**TATE, MARK T ESQ
212 S MAGNOLIA AVE
TAMPA, FL 33608**

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____

Signature, typed or printed name of registered agent and the filer (if filer is not the registered agent)

NOTE: Registered Agent's signature required when not filing

DATE _____

**Filing Fee is \$50.00
Due by May 1, 2005**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY ST ZIP	MGRM STEINBRENNER, HAROLD Z PME STEINBRENNER DR TAMPA, FL 33614
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05/04/05-80123-010 50.00

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IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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 608, Florida Statutes.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

4/28/05

813-673-3130