DOCUMENT # LOOOO 1. Entity Name 4M DEVELOPMENT OF TAMPA, L.L.	0009047 c.		
Principal Place of Business 5439 BEAUMONT BUSINESS CENTER BLVD., SUITE 1010 TAMPA FL 33634	Mailing Address 5439 BEAUMONT BUSII 1010 TAMPA FL 33634	NESS CENTER BLVD S	
2. Principal Place of Business	3. Mailing Address	. 1	
Suite, Apt. #, etc.	Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE
City & State	City & State		4. FEI Number Applied For 436-21-2979 Not Applicable
Zip Country	Zip	Country	5. Certificate of Status Desired \$5.00 Additional Fee Required
6. Name and Address of Current	Registered Agent	Name	7. Name and Address of New Registered Agent
GASSMAN, ALAN			ddress (P.O. Box Number is Not Acceptable)
1245 COURT STREET, SUITE 102 CLEARWATER FL 33756			
		City	FL Zip Code
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.			
SIGNATURE			
SIGNATURE Signature, typed or printed name of registered agent a	nd title if applicable. (NO	DTE: Registered Agent signature	re required when reinstating) DATE
		NOW!!! FEE IS \$5 Payable to Departm	
9. MANAGING MEMBE	RS/MEMBERS	10.	ADDITIONS/CHANGES
TITLE NAME STREET ADDRESS CITY-ST-ZIP MGR RATCLIFF, MICHELLE 5439 BEAUMONT BUSINESS CEN TAMPA FL 33634	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition €
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition 500004191845—-4 -05/09/010131013 ******55.00 ******55.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	□ Delete	NAME STREET ADDRESS CHY-ST-ZIP	Change Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition ded in Section 119.07(3)(i), 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.

(813) 882 - 3 603 Daytime Phone #