

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT #L06000019321

1. Entity Name
COLLEGE AVE. AND 21 ST., LLC



Principal Place of Business
1202 PARRILLA DE AVILA
TAMPA, FL 33613

Mailing Address
1202 PARRILLA DE AVILA
TAMPA, FL 33613

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

08 APR 28 AM 9:31



04132008No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-4291587

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

TSOKOS, CHRIS P
1202 PARRILLA DE AVILA
TAMPA, FL 33613

**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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75**

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04/29/08--01035--019 **911.25

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM TSOKOS, CHRIS P 1202 PARRILLA DE AVILA TAMPA, FL 33613
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IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: CHRIS P. TSOKOS
Chris P. Tsokos

R/A

4-14-08 (813) 961-1992

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

Date

Daytime Phone #