

2nd and
FINAL NOTICE: File on or before Sept. 30, 1998 or Limited Liability Company will be dissolved. If dissolved, minimum amount due to reinstate: \$688.75

LIMITED LIABILITY COMPANY
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

98 AUG 24 AM 10:39

FILING FEE
\$ 588.75
Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee + \$400.00 Late Fee
Make Check Payable To: FLORIDA DEPARTMENT OF STATE

1. Name and Mailing Address
of Limited Liability Company

DOCUMENT # L93000000309

TAMPA PLAID, L.C.
1010 NORTH W.C. MACINNES PLACE
TAMPA FL 33602

1a. Principal Place of Business Address

1010 NORTH W.C. MACINNES PLA
TAMPA FL 33602

2. Principal Place of Business

2a. Mailing Address

3. Date Organized or Qualified

3a. State of Formation

Suite, Apt. #, etc.

Suite, Apt. #, etc.

09/21/1993

FL

City & State

City & State

4. FEI Number

☐ Applied For

59-3208578

☐ Not Applicable

Zip

Country

Zip

Country

5. Date of Last Report

6. Certificate of Status Desired

03/03/1997

\$8.75 Additional Fee Required ☐

7. Name and Address of Current Registered Agent

8. Name and Address of New Registered Agent/Office

LISI, JUDITH
1010 NORTH W.C. MACINNES PLACE
TAMPA FL 33602

Name

Street Address (P.O. Box Number is Not Acceptable)

Suite, Apt. #, etc.

City

Zip Code

FL

9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations.

SIGNATURE

DATE

(If Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when re-instating)

10. Title

Managing Members/Managers

Business Street Address

City, State and Zip Code

MGR CULBREATH, H L

52 BAHAMA CIRCLE

TAMPA FL

MGR ROSS, ANN M

4202 E FOWLER AVE, ADM 280

TAMPA FL

MGR SHIMBERG, MANDELL

100 ASHLEY DRIVE, 820

TAMPA FL

MGR WILLIAMS, JERRY L

201 N FRANKLIN STREET, SUI

TAMPA FL

MGR YOUNG, GEORGIANA

100 S BISCAYNE BLVD

MIAMI FL

800002626878
-08/27/98--01076--008
****588.75 ****588.75

11 I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual 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; and that my name appears in Block 10, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Daytime Phone #