FILE NOW: Fee after May 1, will be \$528.75



	E MOM	: Fee arte	rıvıay	/ 1,	d IIIW	e \$548.	75		A	PPROV	ED		
	ED LIABILIT ANNUAL R 199			FLORIDA DEPARTMENT COLATE Sandra B. Mortham Secletaly of citate DIVISION OF CORPORATIONS				1997 MAR -6 PH 1: 27					
	G FEE	Annual Report \$100						]	SECRE TALLAH	TARY OF	STATE		
1. Nam	13.75 Ma ne and Mailing Add mited Liability Con	ke Check Payable dress mpany DOCL		-		MENT OF ST	ATE	_	JALLAH,	assee, j	LORID	A	
TAPPAN & STROSS PROPERTIES, L.C. 54 COREY AVENUE ST PETERSBURG BEACH FL 33706								1a. Principal Place of Business Address 54 COREY AVENUE ST. PETERSBURG BEACH FL 33706					
If above mailing address is incorrect in any way, line through incorrect in 2 Principal Place of Business   2a. Mailing					······································			3. Date Organ	ized or Qualified	3a, State	of Formatio	ń	
							08/26/19		FL				
Suite, A	spt. #, etc.	Suite, A	pt.#, et	C.			4. FEI Numbe		<del>1</del>	Appli	ed For		
City & State			City & S	tate		······································		-    59-31367	705	ŀ		Applicable	
Zip		Country	Zip		17	Country		5. Date of Las		6. Certifica	te of Statu	s Desired	
E-162		Cooning	12-10		,	oodiniy		04/26/19	96	\$8.75 Additi	onal Fee Rec	jured	
	7. Name	and Address of Curren			8. Name and Address of New Registered Agent								
ENGLANDER, LEONARD S 5959 CENTRAL AVENUE CUPTE 201 TO PETERSBURG FL 33710						Street Address (P.O. Box Number Is Not Acceptable)  Sulte, Apt. #, etc.							
						City			FL	Zip Code			
its regis as regis	stered office or regi	ions of Sections 608.416 stered agent, or both, in the accept the obligations.	e State of Fi	orida. Su	uch change	was authorized by	y affirma	ative vote of a majo	submits this state	rs. I hereby ac	cept the ap	changing pointment	
10. Title Managing Members/Managers				ipointment) (NOTE: Registered Agent signature req Business 5				S Street Address			City, State and Zip Code		
						<del></del>		******					
4	STROSS,	JOHN E		54 (	COREY	AVENUE			ST PETE	RSBURG	ВСН	FL	
1	TAPPAN,	RICHARD A		54 (	COREY	AVENUE			ST PETE	RSBURG	ВСН	FL	
								90	90002 -03/07 ****2	1071 /9701 03.75	L69- 047( ****20	2 006 13.75	
											N	20 pm	

11. Ido hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3) (i), Fiorida Statutes. If unther 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 company or the receiver or trustee empowered to execute this report as required by Chapter 608, Fiorida Statutes; and that my name appears in Block 10, or on an attachment with an address.

SIGNATURE:

INTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

INHSE10 R(12-96)