#### that my name appears above, or on an attachment with all other like empowered. SIGNATURE: JAMES T PAPPAS MGRM

Electronic Signature of Signing Authorized Person(s) Detail

2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT DOCUMENT# L03000017291

Entity Name: PAPPAS HOLDINGS, LLC

#### **Current Principal Place of Business:**

13029 W. LINEBAUGH AVE SUITE 101P TAMPA, FL 33626

## **Current Mailing Address:**

13029 W. LINEBAUGH AVE SUITE 101P TAMPA, FL 33626 US

## FEI Number: 20-0045038

## Name and Address of Current Registered Agent:

PAPPAS, JAMES T 13029 W. LINEBAUGH AVE SUITE 101P TAMPA, FL 33626 US

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:

Electronic Signature of Registered Agent

## Authorized Person(s) Detail ·

Authorized Ferson(s) Detail .			
Title	MGRM	Title	AUTHORIZED MEMBER
Name	PAPPAS, JAMES T	Name	PAPPAS, APRIL M
Address	13029 W. LINEBAUGH AVE SUITE 101P	Address	13029 W. LINEBAUGH AVE SUITE 101P
City-State-Zip:	TAMPA FL 33626	City-State-Zip:	TAMPA FL 33626

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 605, Florida Statutes; and 04/29/2018

# FILED Apr 29, 2018 Secretary of State CC9573578325

Certificate of Status Desired: No

Date

Date