

2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000018876

Entity Name: TAMPA PARTNERS PROPERTIES, LLC**Current Principal Place of Business:**139 MOON SHADOW TRAIL
BLAIRSVILLE, GA 30512**Current Mailing Address:**139 MOON SHADOW TRAIL
BLAIRSVILLE, GA 30512**FEI Number:** 01-0792224**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**SCHECHT, NEIL S
3630 WEST KENNEDY BLVD.
TAMPA, FL 33609 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_____
Date**Authorized Person(s) Detail :**

Title	MGRM
Name	O'CONNELL, JERRY
Address	139 MOON SHADOW TRAIL
City-State-Zip:	BLAIRSVILLE GA 30512

Title	MGRM
Name	CELEIRO, ARMANDO
Address	525 S. 58TH STREET
City-State-Zip:	TAMPA FL 33619

Title	MGRM
Name	CELEIRO, IRAIDA
Address	525 S. 58TH STREET
City-State-Zip:	TAMPA FL 33619

Title	MGRM
Name	O'CONNELL, IRENE E
Address	139 MOON SHADOW TRAIL
City-State-Zip:	BLAIRSVILLE GA 30512

Title	MGRM
Name	RILEY, COLLEEN
Address	6193 SCARLET THORN CIRCLE
City-State-Zip:	MORRISON CO 80465

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 that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: IRENE E O'CONNELL

MGRM

02/01/2021

Electronic Signature of Signing Authorized Person(s) Detail_____
Date