

**2023 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         | 35 EAST STREET     |
| City-State-Zip: | MIDDLETON MA 01949 |

*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 O'CONNELL

MGRM

02/05/2023

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail\_\_\_\_\_  
Date