

**2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L04000019654

**Entity Name:** COOLIDGE COMMERCIAL LLC

**Current Principal Place of Business:**

1759 W FLETCHER AVE  
TAMPA, FL 33612

**Current Mailing Address:**

1759 W FLETCHER AVE  
TAMPA, FL 33612 US

**FEI Number:** 20-0862122

**Certificate of Status Desired:** Yes

**Name and Address of Current Registered Agent:**

COOLIDGE, DEBRA DEACON  
1759 W FLETCHER AVE  
TAMPA, FL 33612 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 P  
Name COOLIDGE, DEBRA DEACON  
Address 1759 W FLETCHER AVE  
City-State-Zip: TAMPA FL 33612

*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:** DEBRA DEACON COOLIDGE

**PRESIDENT**

**02/16/2018**

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

\_\_\_\_\_  
Date