

**2013 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L04000065660

**Entity Name:** ELAINE C. MYRBACK, LLC

**Current Principal Place of Business:**

5550 W EXECUTIVE DR #450  
TAMPA, FL 33609

**Current Mailing Address:**

5550 W EXECUTIVE DR #450  
TAMPA, FL 33609

**FEI Number:** 20-1567810

**Certificate of Status Desired:** No

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

MYRBACK, ELAINE C  
5550 W EXECUTIVE DR #450  
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 MGR  
Name MYRBACK, ELAINE C  
Address 5550 W EXECUTIVE DR #450  
City-State-Zip: TAMPA FL 33609

*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 608, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** ELAINE C MYRBACK

MGR

04/26/2013

Electronic Signature of Signing Authorized Person(s) Detail

Date