

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L05000105530

**FILED**  
**Jan 07, 2015**  
**Secretary of State**  
**CC3606139120**

**Entity Name:** FRIEDRICH WATKINS OF TAMPA, LLC

**Current Principal Place of Business:**

5521 WEST CYPRESS STREET  
SUITE 104  
TAMPA, FL 33607

**Current Mailing Address:**

5521 WEST CYPRESS STREET  
SUITE 104  
TAMPA, FL 33607

**FEI Number:** 16-1738173

**Certificate of Status Desired:** No

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

RUFF, TIMOTHY A  
5521 W CYPRESS  
SUITE 104  
TAMPA, FL 33607 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 WATKINS, BRADLEY  
Address 3885 SHADER ROAD  
City-State-Zip: ORLANDO FL 32808

Title MGRM  
Name FRIEDRICH, JEFFREY  
Address 3885 SHADER ROAD  
City-State-Zip: ORLANDO FL 32808

Title MGRM  
Name RUFF, TIMOTHY A  
Address 5521 WEST CYPRESS STREET, SUITE  
104  
City-State-Zip: TAMPA FL 33607

*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:** TIMOTHY A RUFF

**MANAGING MEMBER**

**01/07/2015**

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

\_\_\_\_\_  
Date