

**2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L06000062556

**Entity Name:** 3102 CYPRESS, L.C.

**Current Principal Place of Business:**

CYPRESS MEDICAL CARE L.C.  
TAMPA, FL 33607

**Current Mailing Address:**

14014 SHADY SHORE DRIVE  
TAMPA, FL 33613

**FEI Number:** 20-8209583

**Certificate of Status Desired:** No

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

O'CONNOR, PATRICK MESQ.  
C/O O'CONNOR & ASSOCIATES  
1250 S. BELCHER ROAD, SUITE 160  
LARGO, FL 33771 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 HARSHA, PIPALIA T  
Address 3102 W. CYPRESS ST.  
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:** HARSHA T. PIPALIA

MGRM

02/06/2018

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

\_\_\_\_\_  
Date