

**2013 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L06000101243

**Entity Name:** CDB'S SOUTHSIDE, LLC

**Current Principal Place of Business:**

3671 S. WESTSHORE BOULEVARD  
TAMPA, FL 33629

**Current Mailing Address:**

3671 S. WESTSHORE BOULEVARD  
TAMPA, FL 33629

**FEI Number:** 20-5732386

**Certificate of Status Desired:** No

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

IACOVELLA, PASQUALE P  
3671 S. WESTSHORE BOULEVARD  
TAMPA, FL 33629 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 IACOVELLA, PASQUALE P  
Address 2614 S. DUNDEE STREET  
City-State-Zip: TAMPA FL 33629

Title MGR  
Name SMITH, JAMES L  
Address 6207 BAYSHORE BOULEVARD  
City-State-Zip: TAMPA FL 33611

Title MGR  
Name CMCK,LLLP  
Address 101 E. KENNEDY BOULEVARD  
SUITE 2100  
City-State-Zip: TAMPA FL 33602

Title MGR  
Name BD-CDB,LLC  
Address 101 E. KENNEDY BOULEVARD  
SUITE 2100  
City-State-Zip: TAMPA FL 33602

*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:** JAMES L. SMITH

**MANAGER**

**03/19/2013**

Electronic Signature of Signing Authorized Person(s) Detail

Date