

2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000114310

Entity Name: LA TOURS, LLC**Current Principal Place of Business:**4127 5TH AVENUE NORTH
ST. PETERSBURG, FL 33713**Current Mailing Address:**4127 5TH AVENUE NORTH
ST. PETERSBURG, FL 33713**FEI Number:** 26-1676656**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**FAULKNER, RAYMOND T
4127 5TH AVENUE NORTH
ST. PETERSBURG, FL 33713 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 MANAGING MEMBER, CEO,
SECRETARY, DIRECTOR
Name TIBBETTS, MICHAEL D
Address 4127 5TH AVENUE NORTH
City-State-Zip: ST. PETERSBURG FL 33713

Title VP, AUTHORIZED MEMBER,
DIRECTOR
Name ALLENBACH, EMILY T
Address 4127 5TH AVENUE NORTH
City-State-Zip: ST. PETERSBURG FL 33713

Title VP, AUTHORIZED MEMBER,
DIRECTOR
Name BUCHANAN, JESSICA T
Address 4127 5TH AVENUE NORTH
City-State-Zip: ST. PETERSBURG FL 33713

Title TREASURER, DIRECTOR
Name FAULKNER, RAYMOND T
Address 4127 5TH AVENUE NORTH
City-State-Zip: ST. PETERSBURG FL 33713

Title PRESIDENT
Name BARNETT, BRADLEY J
Address 4127 5TH AVENUE NORTH
City-State-Zip: ST. PETERSBURG FL 33713

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: RAYMOND T FAULKNER**DIRECTOR****04/21/2017**_____
Electronic Signature of Signing Authorized Person(s) Detail_____
Date