## 2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000063373

Entity Name: TBWC 4700, P.L.

FILED
Mar 19, 2014
Secretary of State
CC3301726140

**Current Principal Place of Business:** 

 $5830 \ \mathsf{WEST} \ \mathsf{CYPRESS} \ \mathsf{STREET}, \ \mathsf{SUITE} \ \mathsf{A}$ 

TAMPA, FL 33607

## **Current Mailing Address:**

PO BOX 25317 TAMPA, FL 33622

FEI Number: 26-3314475 Certificate of Status Desired: No

## Name and Address of Current Registered Agent:

MADLE, ALISTAIR 5830 A - W CYPRESS STREET 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 DR

Name SNOW, STEPHEN

Address 5830 A - W CYPRESS STREET

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: STEPHEN SNOW, MD

MANAGING PARTNER

03/19/2014