

**2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000099902

**Entity Name:** 16259 US 19, L.L.C.

**Current Principal Place of Business:**

16313 US 19 N.  
CLEARWATER, FL 33764

**Current Mailing Address:**

16313 US 19 N.  
CLEARWATER, FL 33764 US

**FEI Number:** NOT APPLICABLE

**Certificate of Status Desired:** No

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

SCARFONE, KAREN  
16313 US 19 N.  
CLEARWATER, FL 33764 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:** KAREN SCARFONE

02/12/2019

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGR  
Name SCARFONE, KAREN L  
Address 16313 US 19 N.  
City-State-Zip: CLEARWATER FL 33764

Title MGR  
Name KOVACH, V DENISE  
Address 16313 US 19 N.  
City-State-Zip: CLEARWATER FL 33764

*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:** V DENISE KOVACH

MANAGER

02/12/2019

Electronic Signature of Signing Authorized Person(s) Detail

Date