## 2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000104166

**Entity Name: CHANNELSIDE MANAGEMENT LLC** 

**Current Principal Place of Business:** 

912 CHANNELSIDE DRIVE TAMPA. FL 33602

**Current Mailing Address:** 

912 CHANNELSIDE DRIVE TAMPA, FL 33602 US

FEI Number: NOT APPLICABLE Certificate of Status Desired: No

Name and Address of Current Registered Agent:

COLEMAN, AMBER LYNN 424 LUNA BELLA LN STE 122 NEW SMYRNA BEACH, FL 32168 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 EXECUTIVE VICE-PRESIDENT Title MANAGER, PRESIDENT Name JEFFERY, ROBERT J. M. Name ARMOYAN, GEORGE

Address 145 HOBSONS LAKE DRIVE Address 145 HOBSONS LAKE DRIVE

SUITE 400 SUITE 400

City-State-Zip: HALIFAX NS B3S 0H9 City-State-Zip: HALIFAX NS B3S 0H9

Title MANAGER Title MANAGER

Name PHAM, MARTIN Name SHAHINIAN, DAVID

Address 424 LUNA BELLA LANE Address 424 LUNA BELLA LANE

SUITE 122 SUITE 122

City-State-Zip: NEW SMYRNA BEACH FL 32168-4685 City-State-Zip: NEW SMYRNA BEACH FL 32168-4685

Title CORPORATE SECRETARY
Name ARMOYAN, HRIPSIME
Address 145 HOBSONS LAKE DRIVE

SUITE 400

City-State-Zip: HALIFAX NS B3S 0H9

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: ROBERT J.M. JEFFERY

**EXECUTIVE VP** 

04/30/2020

FILED Apr 30, 2020

**Secretary of State** 

4816031239CC

Electronic Signature of Signing Authorized Person(s) Detail

Date