

2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L09000001733

Entity Name: ALMAND FAMILY HOLDINGS, LLC

Current Principal Place of Business:

201 N. FRANKLIN STREET SUITE 2000
TAMPA, FL 33602

Current Mailing Address:

201 N. FRANKLIN STREET SUITE 2000
TAMPA, FL 33602

FEI Number: 59-3532986

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

GOODWIN, JAMES W.
201 N. FRANKLIN STREET SUITE 2000
TAMPA, FL 33602 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: JAMES W. GOODWIN

04/30/2019

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title MGR
Name ALMAND, JOHN SCOTT
Address 201 NORTH FRANKLIN STREET,
SUITE 2000
City-State-Zip: TAMPA FL 33602

Title MGR
Name LIGORI, EVE LYNN ALMAND
Address 201 NORTH FRANKLIN STREET,
SUITE 2000
City-State-Zip: TAMPA FL 33602

Title MGR
Name BELLI, JACALYN ALMAND
Address 201 NORTH FRANKLIN STREET,
SUITE 2000
City-State-Zip: TAMPA FL 33602

Title MGR
Name CLARK, RUTH ALMAND
Address 201 NORTH FRANKLIN STREET,
SUITE 2000
City-State-Zip: TAMPA FL 33602

Title MGR
Name RICE, NORMA SUE
Address 201 NORTH FRANKLIN STREET,
SUITE 2000
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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: JOHN SCOTT ALMAND

MANAGER

04/30/2019

Electronic Signature of Signing Authorized Person(s) Detail

Date