

**2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000055599

**Entity Name:** 1898 NORTH HIGHLAND AVENUE, LLC

**Current Principal Place of Business:**

2605 ENTERPRISE RD. E.  
SUITE 300  
CLEARWATER, FL 33759

**Current Mailing Address:**

2605 ENTERPRISE RD. E.  
SUITE 300  
CLEARWATER, FL 33759 US

**FEI Number:** 27-0325250

**Certificate of Status Desired:** No

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

MATTHEWS, LYNN  
2605 ENTERPRISE RD. E.  
SUITE 300  
CLEARWATER, FL 33759 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 MGRM  
Name MCCOMAS, DAVID  
Address 2605 ENTERPRISE RD. E.  
SUITE 300  
City-State-Zip: CLEARWATER FL 33759

Title MGRM  
Name PETER M DIPASQUA JR FAMILY TRUST  
Address 2138 LAKE DR.  
City-State-Zip: WINTER PARK FL 32789

Title MGR  
Name CLAUDIO, REINALDO  
Address 751 PINELLAS BAYWAY #105  
City-State-Zip: ST. PETERSBURG FL 33716

*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:** DAVID MCCOMAS

**MANAGING MEMBER**

**04/01/2016**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date