

2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L11000007718

Entity Name: 6967 EAST FOWLER AVENUE, LLC

Current Principal Place of Business:

6967 EAST FOWLER AVENUE
TAMPA, FL 33617

Current Mailing Address:

6967 EAST FOWLER AVENUE
TAMPA, FL 33617 US

FEI Number: 27-4731376

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

HODGSON, SHARON A.P.
6967 E FOWLER AVENUE
TAMPA, FL 33617 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 HODGSON, SHARON A.P.
Address 6967 E FOWLER AVE
City-State-Zip: TAMPA FL 33617

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: SHARON HODGSON

MGRM

04/19/2014

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date