

**2015 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, AP

**PRESIDENT**

**02/21/2015**

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

\_\_\_\_\_ Date