

**2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000046464

**Entity Name:** AAOF I - TARPON SPRINGS, LLC

**Current Principal Place of Business:**

101 E. KENNEDY BLVD  
SUITE 3300  
TAMPA, FL 33602

**FILED**  
**Apr 17, 2018**  
**Secretary of State**  
**CC3001527779**

**Current Mailing Address:**

101 E. KENNEDY BLVD.  
SUITE 3300  
TAMPA, FL 33602 US

**FEI Number:** 45-2047326

**Certificate of Status Desired:** No

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

MOREYRA, ROBERT  
2501 SOUTH MACDILL AVE  
TAMPA, FL 33629 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	MGR	Title	PTS
Name	FCP - TARPON SPRINGS, LLC	Name	LIPPINCOTT, GAR
Address	2501 SOUTH MACDILL AVE	Address	101 E. KENNEDY BLVD. SUITE 3300
City-State-Zip:	TAMPA FL 33629	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:** GAR LIPPINCOTT

PTS

04/17/2018

Electronic Signature of Signing Authorized Person(s) Detail

Date