

**2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L12000101029

**Entity Name:** 10015 N. 9TH STREET, LLC

**Current Principal Place of Business:**

10015 N 9TH STREET  
TAMPA, FL 33612

**Current Mailing Address:**

P.O. BOX 274081  
TAMPA, FL 33688-4081 US

**FEI Number:** NOT APPLICABLE

**Certificate of Status Desired:** No

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

LINDSAY, CONNIE G  
10015 N 9TH STREET  
TAMPA, FL 33612 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:** CONNIE LINDSAY

01/09/2017

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title CEO  
Name LINDSAY, CONNIE G  
Address 10015 N 9TH STREET  
City-State-Zip: TAMPA FL 33612

*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:** CONNIE LINDSAY

CEO

01/09/2017

Electronic Signature of Signing Authorized Person(s) Detail

Date