# 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: PETER STRONG

Electronic Signature of Signing Authorized Person(s) Detail

Entity Name: PETE STRONG REALTY, LLC Current Principal Place of Business:

1709 WEST HILLS AVE. TAMPA, FL 33606

### **Current Mailing Address:**

DOCUMENT# L13000001393

1709 WEST HILLS AVE. TAMPA, FL 33606

### FEI Number: 46-1549852

### Name and Address of Current Registered Agent:

STRONG, PETER 1709 WEST HILLS AVE. TAMPA, FL 33606 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

2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

## Authorized Person(s) Detail :

Title	MGR	Title	ADMINISTRATIVE ASSISTANT
Name	STRONG, PETER	Name	STRONG, TRACY JO
Address	1709 WEST HILLS AVE.	Address	1709 WEST HILLS AVE.
City-State-Zip:	TAMPA FL 33606	City-State-Zip:	TAMPA FL 33606

ER STRONG MANAGER

FILED Mar 18, 2021 Secretary of State 6599798519CC

Certificate of Status Desired: No

Date

03/18/2021 Date