

**2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L13000005412

**Entity Name:** DUCKY'S OF SOUTH TAMPA, LLC**Current Principal Place of Business:**1719 W. KENNEDY BLVD.  
TAMPA, FL 33606**Current Mailing Address:**3705 N. HIMES AVE  
TAMPA, FL 33607 US**FEI Number:** 46-1802446**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**PRIETO, PRIETO & GOAN, P.A.  
3705 N. HIMES AVE  
TAMPA, FL 33607 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
Name	GOAN, KEITH M
Address	3705 N. HIMES AVE
City-State-Zip:	TAMPA FL 33607

Title	MGR
Name	SOUTH COPELAND GROUP, LLC
Address	110 NORTH 11TH STREET
City-State-Zip:	TAMPA FL 33602

Title	MGRM
Name	PRIETO, ANTHONY T
Address	3705 N HIMES AVE
City-State-Zip:	TAMPA FL 33607

Title	MGR
Name	CRUZ, CHRISTOPHER
Address	3705 N. HIMES AVE
City-State-Zip:	TAMPA FL 33607

Title	MGR
Name	GOBEA, RENIER
Address	3705 N. HIMES AVE
City-State-Zip:	TAMPA FL 33607

*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:** KEITH M. GOAN

MGR

04/23/2014

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