

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L13000026711

**Entity Name:** REEVES ROAD LLC

**Current Principal Place of Business:**

10109 LAKE AVE  
TAMPA, FL 33619

**Current Mailing Address:**

PO BOX 89188  
TAMPA, FL 33689 US

**FEI Number: 11-3687013**

**Certificate of Status Desired:** No

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

FRANKLIN, DAVID A  
10109 LAKE AVE  
TAMPA, FL 33619 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	FRANKLIN, DAVID A
Address	PO BOX 89188
City-State-Zip:	TAMPA FL 33689

*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: DAVID A FRANKLIN**

**MANAGER**

**04/13/2023**

Electronic Signature of Signing Authorized Person(s) Detail

Date