## 2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L13000137039

Entity Name: SP GA MANAGER LLC

**Current Principal Place of Business:** 

5403 WEST GRAY STREET TAMPA FL 33609

## **Current Mailing Address:**

2430 ESTANCIA BLVD., SUITE 114 CLEARWATER, FL 33761

FEI Number: 38-3926874 Certificate of Status Desired: No

## Name and Address of Current Registered Agent:

TRUSTEE AND CORPORATE SERVICES, INC. 2430 ESTANCIA BLVD., SUITE 114 CLEARWATER, FL 33761 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

**FILED** Jan 26, 2017

**Secretary of State** 

CC3943074782

Authorized Person(s) Detail:

Title MGR Title MGR

SP AND MS LLC Name PAGE, J DAVID Name

5403 WEST GRAY STREET Address 5403 WEST GRAY STREET Address

City-State-Zip: TAMPA FL 33609 City-State-Zip: TAMPA FL 33609

VΡ Title Title VΡ

Name SECKINGER, SCOTT Name MOLINARI, MICHAEL

Address 5403 WEST GRAY STREET Address 5403 WEST GRAY STREET

**TAMPA FL 33609** City-State-Zip: City-State-Zip: **TAMPA FL 33609** 

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: SP AND MS LLC

Electronic Signature of Signing Authorized Person(s) Detail

**MANAGER** 

01/26/2017

Date