

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L13000169867

**Entity Name:** 18415 US 19 NORTH, LLC

**Current Principal Place of Business:**

18167 US HIGHWAY 19 N  
STE 450  
CLEARWATER, FL 33764

**Current Mailing Address:**

18167 US HIGHWAY 19 N  
STE 450  
CLEARWATER, FL 33764 US

**FEI Number:** 46-5342561

**Certificate of Status Desired:** No

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

HUBBART, KEVIN  
18167 US HIGHWAY 19 N  
STE 450  
CLEARWATER, FL 33764 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:** KEVIN HUBBART

04/10/2023

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title	MANAGER	Title	MANAGER
Name	POLITIS, GREGORY	Name	MCCOMAS, DAVID
Address	2340 DREW STREET STE 300	Address	18167 US HIGHWAY 19 N STE 450
City-State-Zip:	CLEARWATER FL 33765	City-State-Zip:	CLEARWATER FL 33764

*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:** GREGORY POLITIS

MANAGER

04/10/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date