

**2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L14000004179

**Entity Name:** ALBERDI GASPARILLA, LLC

**Current Principal Place of Business:**

5705 N. BRANCH AVENUE  
TAMPA, FL 33604

**Current Mailing Address:**

5705 N. BRANCH AVENUE  
TAMPA, FL 33604 US

**FEI Number:** 46-4638931

**Certificate of Status Desired:** No

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

BARNETT, LESLIE J  
601 BAYSHORE BOULEVARD, SUITE 700  
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

Date

**Authorized Person(s) Detail :**

|                 |                             |                 |                       |
|-----------------|-----------------------------|-----------------|-----------------------|
| Title           | MGR                         | Title           | MGR                   |
| Name            | ALBERDI, ANDRES             | Name            | ALBERDI, PETER DANIEL |
| Address         | 2961 HILLCREEK CIRCLE SOUTH | Address         | 5705 N. BRANCE AVENUE |
| City-State-Zip: | CLEARWATER FL 33759         | City-State-Zip: | TAMPA FL 33604        |

*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 DANIEL ALBERDI

MGR

02/08/2022

Electronic Signature of Signing Authorized Person(s) Detail

Date