

**2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L14000073319

**Entity Name:** MARC D. MATTHEWS, PLLC

**Current Principal Place of Business:**

3505 W. OBISPO STREET  
TAMPA, FL 33629

**Current Mailing Address:**

3505 W. OBISPO STREET  
TAMPA, FL 33629 US

**FEI Number:** 46-5588482

**Certificate of Status Desired:** No

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

MATTHEWS, MARC  
3505 W. OBISPO STREET  
TAMPA, FL 33629 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 MATTHEWS, MARC  
Address 3505 W. OBISPO STREET  
City-State-Zip: TAMPA FL 33629

Title MGR  
Name MARC MATTHEWS, PA  
Address 3505 W. OBISPO STREET  
City-State-Zip: TAMPA FL 33629

Title MGR  
Name MARC MATTHEWS P.A.  
Address 400 N ASHLEY DRIVE SUITE 2600  
City-State-Zip: TAMPA FL 33602

Title MGR  
Name LISHA BOWEN, P.A.  
Address 400 N ASHLEY DR SUITE 2600  
City-State-Zip: TAMPA FL 33602

*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:** MARC D MATTHEWS

**MGR**

**03/08/2016**

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

\_\_\_\_\_  
Date