

**2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L14000077621

**Entity Name:** SOUTH TAMPA RE-1, LLC

**Current Principal Place of Business:**

405 S DALE MABRY HWY  
SUITE 128  
TAMPA, FL 33602

**Current Mailing Address:**

6300 SAGEWOOD DR  
H-117  
PARK CITY, UT 84098 US

**FEI Number:** 46-5736587

**Certificate of Status Desired:** No

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

COCKEY, PRESTON O JR  
110 E MADISON  
204  
TAMPA, FL 33602 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	MANAGER
Name	SCAGLIONE, RONALD	Name	SCAGLIONE, CARMEN YVONNE
Address	405 S DALE MABRY HWY SUITE 128	Address	405 S DALE MABRY HWY SUITE 128
City-State-Zip:	TAMPA FL 33602	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:** RONALD E SCAGLIONE

MANAGER

01/12/2020

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

\_\_\_\_\_  
Date