Certificate of Status Desired: No
stered agent, or both, in the State of Florida.
stered agent, or both, in the State of Florida. 03/04/2019
03/04/2019
03/04/2019
03/04/2019 Date
03/04/2019 Date

2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

409 W AMELIA AV TAMPA, FL 33602

## Current Mailing Address:

DOCUMENT# L14000088817

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: DAVID SUSA

03/04/2019 Date

Electronic Signature of Signing Authorized Person(s) Detail

FILED Mar 04, 2019 **Secretary of State** 4581066338CC