

**2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L14000093457

**Entity Name:** DEBORAH ML REPASKEY LLC

**Current Principal Place of Business:**

7509 S TRASK ST  
TAMPA, FL 33616

**Current Mailing Address:**

7509 S TRASK ST  
TAMPA, FL 33616

**FEI Number:** 47-1102439

**Certificate of Status Desired:** No

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

REPASKEY, DEBORAH ML  
7509 S TRASK ST  
TAMPA, FL 33616 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:** DEBORAH ML REPASKEY

04/25/2017

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title	AMBR	Title	AMBR
Name	REPASKEY, DEBORAH M	Name	REPASKEY, MATTHEW D
Address	7509 S TRASK ST	Address	7509 S TRASK ST
City-State-Zip:	TAMPA FL 33616	City-State-Zip:	TAMPA FL 33616

*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:** DEBORAH ML REPASKEY

**PRESIDENT**

04/25/2017

Electronic Signature of Signing Authorized Person(s) Detail

Date