

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L15000002042

**Entity Name:** MADDOX PLAZA, LLC

**Current Principal Place of Business:**

5251 S DALE MABRY HWY  
TAMPA, FL 33611

**Current Mailing Address:**

PO BOX 10037  
TAMPA, FL 33679 US

**FEI Number:** 47-3184295

**Certificate of Status Desired:** No

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

REAVES, JOHN DAVID  
3305 W. WISCONSIN AVE  
TAMPA, FL 33611 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:** JOHN D. REAVES

01/19/2023

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGR  
Name TIOZZO, IGINIO  
Address 232 N. DALE MABRY HWY.  
City-State-Zip: TAMPA FL 33601

Title MGR  
Name REAVES, JOHN DAVID  
Address 3305 W. WISCONSIN AVE  
City-State-Zip: TAMPA FL 33611

Title AUTHORIZED MEMBER  
Name KIFFIN, LAYLA  
Address 513 17TH STREET  
City-State-Zip: MANHATTAN BEACH CA 90266

Title AMBR  
Name REAVES, STEPHEN  
Address 217 SEAVIEW ST  
City-State-Zip: MANHATTAN BEACH CA 90266

*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:** STEPHEN REAVES

AMBR

01/19/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date