

**2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L15000075384

**Entity Name:** 8950 PARK BLVD #203, LLC

**Current Principal Place of Business:**

1517 GRAY STREET SOUTH  
GULFPORT, FL 33707

**Current Mailing Address:**

1517 GRAY STREET SOUTH  
GULFPORT, FL 33707 US

**FEI Number:** 47-3927024

**Certificate of Status Desired:** No

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

BRAVE, MICHAEL  
1517 GRAY STREET SOUTH  
GULFPORT, FL 33707 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            AMBR  
Name            BRAVE, MICHAEL  
Address        1517 GRAY STREET SOUTH  
City-State-Zip: GULFPORT FL 33707

Title            MGR  
Name            BRAVE, MICHELE  
Address        8201 BAYSHORE DRIVE  
City-State-Zip: TREASURE ISLAND FL 33706

*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:** MICHAEL BRAVE

AMBR

02/27/2018

Electronic Signature of Signing Authorized Person(s) Detail

Date