

2019 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

Title AUTHORIZED REPRESENTATIVE
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

03/02/2019

Electronic Signature of Signing Authorized Person(s) Detail

Date