

**2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L15000131245

**Entity Name:** LCSS, LLC

**Current Principal Place of Business:**

4301 N COOLIDGE AVE  
TAMPA, FL 33614

**Current Mailing Address:**

PO BOX 151036  
TAMPA, FL 33684 US

**FEI Number:** 47-4710265

**Certificate of Status Desired:** No

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

CALDERON, MARIA  
4301 N COOLIDGE AVE  
TAMPA, FL 33614 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	MGR	Title	MGR
Name	CALDERON, GUADALUPE	Name	CALDERON, MARIA
Address	4301 N COOLIDGE AVE	Address	4301 N COOLIDGE AVE
City-State-Zip:	TAMPA FL 33614	City-State-Zip:	TAMPA FL 33614

*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:** MARIA CALDERON

**MANAGER**

**04/15/2018**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date