

**2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L15000134832

**Entity Name:** CBDB HALE LLC

**Current Principal Place of Business:**

1335 W CASS ST  
TAMPA, FL 33606

**Current Mailing Address:**

1335 W CASS ST  
TAMPA, FL 33606 US

**FEI Number:** 47-4843542

**Certificate of Status Desired:** No

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

BROOKER, CAROLYN  
2615 COVE CAY DR  
#207  
CLEARWATER, FL 33760 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            MGMR  
Name            BROOKER, CAROLYN  
Address        2615 COVE CAY DR  
                  #207  
City-State-Zip: CLEARWATER FL 33760

Title            M  
Name            SHARON BROOKER  
Address        307 1/2 N HESPERIDES ST  
City-State-Zip: TAMPA FL 33609

*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:** CAROLYN BROOKER

MGMR

03/22/2021

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

\_\_\_\_\_  
Date