

**2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L15000172797

**Entity Name:** SP GARDENS MANAGER LLC

**Current Principal Place of Business:**

5403 WEST GRAY STREET  
TAMPA, FL 33609

**Current Mailing Address:**

2430 ESTANCIA BOULEVARD, SUITE 114  
CLEARWATER, FL 33761

**FEI Number:** 36-4820361

**Certificate of Status Desired:** No

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

TRUSTEE AND CORPORATE SERVICES, INC.  
2430 ESTANCIA BOULEVARD, SUITE 114  
CLEARWATER, FL 33761 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  
Name SP AND MS LLC  
Address 5403 WEST GRAY STREET  
City-State-Zip: TAMPA FL 33609

Title MGR  
Name PAGE, J DAVID  
Address 5403 WEST GRAY STREET  
City-State-Zip: TAMPA FL 33609

Title VP  
Name SECKINGER, SCOTT  
Address 5403 WEST GRAY STREET  
City-State-Zip: TAMPA FL 33609

Title VP  
Name MOLINARI, MICHAEL  
Address 5403 WEST GRAY STREET  
City-State-Zip: TAMPA FL 33609

Title VP  
Name HEFFNER, BRIANNE  
Address 5403 WEST GRAY STREET  
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:** SP AND MS LLC

**MANAGER**

**02/21/2019**

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

\_\_\_\_\_  
Date