

**2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L15000207251

**Entity Name:** CEDAR ROOTS ENTERPRISE, LLC

**Current Principal Place of Business:**

10536 N. FLORIDA AVE.  
TAMPA, FL 33612

**Current Mailing Address:**

10536 N. FLORIDA AVE.  
TAMPA, FL 33612

**FEI Number: 81-0853514**

**Certificate of Status Desired: No**

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

GREGORY, WILLIAM P  
715 SWANN AVE.  
TAMPA, FL 33606 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	PRESIDENT	Title	AUTHORIZED MEMBER
Name	SEMAAN, ROBERT G	Name	SEMAAN, RABIH G
Address	10536 N. FLORIDA AVE.	Address	10536 N. FLORIDA AVE.
City-State-Zip:	TAMPA FL 33612	City-State-Zip:	TAMPA FL 33612

*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: ROBERT SEMAAN**

**MGR**

**01/28/2016**

Electronic Signature of Signing Authorized Person(s) Detail

Date