

**2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L16000065837

**Entity Name:** 9213 82ND LLC

**Current Principal Place of Business:**

8488 35TH AVE N  
SAINT PETERSBURG, FL 33710

**Current Mailing Address:**

8488 35TH AVE N  
SAINT PETERSBURG, FL 33710

**FEI Number:** APPLIED FOR

**Certificate of Status Desired:** No

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

SHAPIRO, GAIL  
8488 35TH AVE N  
SAINT PETERSBURG, FL 33710 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 SHAPIRO, GAIL  
Address 8488 35TH AVE N  
City-State-Zip: SAINT PETERSBURG FL 33710

Title MANAGER  
Name SHAPIRO, MICHAEL  
Address 8488 35TH AVE N  
City-State-Zip: SAINT PETERSBURG FL 33710

*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:** GAIL SHAPIRO

MANAGER

03/27/2018

Electronic Signature of Signing Authorized Person(s) Detail

Date