

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L16000074181

**Entity Name:** CLOVERLEAF TAMPA, LLC

**Current Principal Place of Business:**

5370 OAKDALE ROAD  
SMYRNA, GA 30082

**Current Mailing Address:**

5370 OAKDALE ROAD  
SMYRNA, GA 30082

**FEI Number:** 25-5023426

**Certificate of Status Desired:** No

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

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 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	WALLACE, JAMES C JR	Name	WALLACE, JAMES C III
Address	5370 OAKDALE ROAD	Address	5370 OAKDALE ROAD
City-State-Zip:	SMYRNA GA 30082	City-State-Zip:	SMYRNA GA 30082

*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:** JAMES C. WALLACE, III

**MANAGER**

**04/25/2024**

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

\_\_\_\_\_  
Date