

**2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L16000098418

**FILED**  
**Feb 27, 2018**  
**Secretary of State**  
**CC0965398217**

**Entity Name:** ACCARDI 5TH AVENUE PARTNERSHIP LLC

**Current Principal Place of Business:**

1410 N FLORIDA AVE  
TAMPA, FL 33602

**Current Mailing Address:**

1410 N FLORIDA AVE  
TAMPA, FL 33602

**FEI Number:** 38-4004365

**Certificate of Status Desired:** No

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

ACCARDI, JASON  
1410 N FLORIDA AVE  
TAMPA, FL 33602 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	ACCARDI, JASON	Name	ACCARDI, JOHN
Address	1410 N. FLORIDA AVE	Address	1410 N. FLORIDA AVE
City-State-Zip:	TAMPA FL 33602	City-State-Zip:	TAMPA FL 33602

*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:** JASON ACCARDI

**MGMR**

**02/27/2018**

Electronic Signature of Signing Authorized Person(s) Detail

Date