

**2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L16000149853

**Entity Name:** 8308 FREEMONT, LLC.

**Current Principal Place of Business:**

1900 N NEBRASKA AVE  
TAMPA, FL 33602

**Current Mailing Address:**

1900 N NEBRASKA AVE  
TAMPA, FL 33602 US

**FEI Number:** 81-3575778

**Certificate of Status Desired:** No

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

MENENDEZ, GILBERTO  
1900 N NEBRASKA 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	MENENDEZ, GILBERTO	Name	MENENDEZ, GILBERT J
Address	1900 N NEBRASKA AVE	Address	1900 N NEBRASKA AVE
City-State-Zip:	TAMPA FL 33602	City-State-Zip:	TAMPA FL 33602

Title	MGR	Title	MGR
Name	MENENDEZ, BRIAN	Name	MENENDEZ, DARLENE
Address	1900 N NEBRASKA AVE	Address	1900 N NEBRASKA AVE
City-State-Zip:	TAMPA FL 33602	City-State-Zip:	TAMPA FL 33602

Title	MGR
Name	WHITE, KAREN
Address	1900 N NEBRASKA AVE
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:** BRIAN J MENENDEZ

**MANAGER**

**02/12/2020**

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

\_\_\_\_\_  
Date