

**2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L17000040485

**Entity Name:** AHIP CLAIBORNE, LLC

**Current Principal Place of Business:**

360 CENTRAL AVE., SUITE 800  
SAINT PETERSBURG, FL 33701

**Current Mailing Address:**

360 CENTRAL AVE., SUITE 800  
SAINT PETERSBURG, FL 33701 US

**FEI Number:** 82-3070621

**Certificate of Status Desired:** No

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

LEARY, DENNIS  
360 CENTRAL AVE., SUITE 800  
SAINT PETERSBURG, FL 33701 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 LEARY, DENNIS  
Address 360 CENTRAL AVE., SUITE 800  
City-State-Zip: SAINT PETERSBURG FL 33701

*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:** DENNIS R LEARY

**MANAGER**

**04/29/2019**

Electronic Signature of Signing Authorized Person(s) Detail

Date