

**2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L17000253006

**Entity Name:** SHOPPES ON THE BOULEVARD, LLC

**Current Principal Place of Business:**

10823 SEMINOLE BLVD  
SUITE 4-B  
LARGO, FL 33778

**Current Mailing Address:**

10823 SEMINOLE BLVD  
SUITE 4-B  
LARGO, FL 33778

**FEI Number:** APPLIED FOR

**Certificate of Status Desired:** No

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

POOLE, BRIAN G  
10823 SEMINOLE BLVD  
SUITE 4-B  
LARGO, FL 33778 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 AMBR  
Name BRIAN G POOLE & DIANE M POOLE LIVING TRUST  
Address 13480 RUSTIC PINES BLVD SO  
City-State-Zip: SEMINOLE FL 33776

Title AMBR  
Name CARTER, MICHAEL D  
Address 11507 OYSTER BAY CR  
City-State-Zip: NEW PORT RICHEY FL 34654

Title AMBR  
Name CARTER, SHARON M  
Address 11507 OYSTER BAY CR  
City-State-Zip: NEW PORT RICHEY FL 34654

*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 G POOLE

AMBR

04/27/2022

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

\_\_\_\_\_  
Date