

**2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L18000032530

**Entity Name:** NEW TAMPA BROZ, LLC

**Current Principal Place of Business:**

5720 GALL BLVD. STE 1  
ZEPHYRHILLS, FL 33542

**Current Mailing Address:**

5720 GALL BLVD. STE 1  
ZEPHYRHILLS, FL 33542 US

**FEI Number:** 82-4360452

**Certificate of Status Desired:** No

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

KP ACCOUNTING AND TAX SERVICES, INC  
5720 GALL BLVD. STE 1  
ZEPHYRHILLS, FL 33542 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 PETER, KISHORE  
Address 18028 COZUMLE ISLE DR  
City-State-Zip: TAMPA FL 33647

Title MGR  
Name DAVIS, KILLANNUKARAN  
Address 18107 TURTLE BEACH WAY  
City-State-Zip: TAMPA FL 33647

Title MGR  
Name DAVIS, DELWIN  
Address 18107 TURTLE BEACH WAY  
City-State-Zip: TAMPA FL 33647

Title MGR  
Name DAVIS, DEWIN  
Address 18107 TURTLE BEACH WAY  
City-State-Zip: TAMPA FL 33647

Title MGR  
Name JOSEPH, SHAJI  
Address 10537 CANARY ISLE  
City-State-Zip: TAMPA FL 33647

Title MGR  
Name RAPHEAL, DITTO  
Address 19227 PEPPER GRASS DR  
City-State-Zip: TAMPA FL 33647

*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:** KISHORE PETER

MGR

04/30/2019

Electronic Signature of Signing Authorized Person(s) Detail

Date