

**2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L18000137128

**Entity Name:** P6 CENTRAL LLC

**Current Principal Place of Business:**

1033 CENTRAL AVE  
ST. PETERSBURG, FL 33705

**Current Mailing Address:**

P.O. BOX 1678  
ANNA MARIA, FL 34216 US

**FEI Number:** 38-4084371

**Certificate of Status Desired:** No

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

JASKULSKI, CYNTHIA S  
7809 54TH CT E  
PALMETTO, FL 34221 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 TAQUERIA RESTAURANTS GROUP, LLC  
Address P.O. BOX 1678  
City-State-Zip: ANNA MARIA FL 34216

Title MGR  
Name COLEMAN, MICHEAL  
Address P.O. BOX 1678  
City-State-Zip: ANNA MARIA FL 34216

Title MGR  
Name COLEMAN, PATRICK  
Address P.O. BOX 1678  
City-State-Zip: ANNA MARIA FL 34216

Title MGR  
Name COLEMAN, CASEY  
Address P.O. BOX 1678  
City-State-Zip: ANNA MARIA FL 34216

*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:** MICHEAL COLEMAN

MGR

02/24/2020

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

\_\_\_\_\_ Date