

2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L18000227237

Entity Name: SAMSTONE LEIGHTON PARK PROPERTY LLC**Current Principal Place of Business:**8875 HIDDEN RIVER PKWY
UNIT 300
TAMPA, FL 33637**Current Mailing Address:**PO BOX 48528
TAMPA, FL 33647 US**FEI Number:** APPLIED FOR**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**AHMED, ASHRAF
24756 STATE ROAD 54 SUITE 105
LUTZ, FL 33559 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 ELESSAWY, SAMEH
Address 20241 RAVENS END DR
City-State-Zip: TAMPA FL 33647

Title AMBR
Name BASHANDY, GHADAH
Address 20241 RAVENS END DR
City-State-Zip: TAMPA FL 33647

Title AMBR
Name ELESSAWY, MARIAM
Address 20241 RAVENS END DR
City-State-Zip: TAMPA FL 33647

Title AMBR
Name ELESSAWY, LINA
Address 20241 RAVENS END DR
City-State-Zip: TAMPA FL 33647

Title AMBR
Name ELESSAWY, RAHMA
Address 20241 RAVENS END DR
City-State-Zip: TAMPA FL 33647

Title AMBR
Name ELESSAWY, FARAH
Address 20241 RAVENS END DR
City-State-Zip: TAMPA FL 22647

Title AMBR
Name ELESSAWY, SARAH
Address 8875 HIDDEN RIVER PKWY
UNIT 300
City-State-Zip: TAMPA 33637

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: SAMEH ELESSAWY

AMBR

04/23/2019

Electronic Signature of Signing Authorized Person(s) Detail

Date