

2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L18000227446

Entity Name: 3681 WEST, LLC

Current Principal Place of Business:

1005 N. MARION ST
TAMPA, FL 33602

Current Mailing Address:

1005 N. MARION ST
TAMPA, FL 33602

FEI Number: 83-2303818

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

NELSON, G. MICHAEL ESQ.
1005 N. MARION ST
TAMPA, FL 33602 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 | Title | MGR |
| Name | SCHERLIS, BENJAMIN | Name | HEPSCHER, WILLIAM |
| Address | 1005 N. MARION ST | Address | 1005 N. MARION ST |
| City-State-Zip: | TAMPA FL 33602 | City-State-Zip: | TAMPA FL 33602 |
| | | | |
| Title | MGR | | |
| Name | JOHNSTON, DOUGLAS | | |
| Address | 1005 N. MARION ST | | |
| City-State-Zip: | TAMPA FL 33602 | | |

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: BENJAMIN SCHERLIS

MGR

04/19/2021

Electronic Signature of Signing Authorized Person(s) Detail

Date