

**2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L18000255292

**Entity Name:** TRP OF NORTHWEST FLORIDA LLC

**Current Principal Place of Business:**

14 E CARVER DR  
PENSACOLA, FL 32507

**Current Mailing Address:**

14 E CARVER DR  
PENSACOLA, FL 32507 US

**FEI Number:** APPLIED FOR

**Certificate of Status Desired:** Yes

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

NELSON, STEVEN P SR.  
14EAS CARVER DR  
PENSACOLA, FL 32507 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:** STEVEN NELSON

04/26/2019

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title AMBR  
Name NELSON, STEVEN P  
Address 14 E CARVER DR  
City-State-Zip: PENSACOLA FL 32507

*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:** STEVEN NELSON

OWNER

04/26/2019

Electronic Signature of Signing Authorized Person(s) Detail

Date