

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L20000088726

**Entity Name:** 33 UNIVERSITY, LLC

**Current Principal Place of Business:**

147 2ND AVE SOUTH  
SUITE 400  
SAINT PETERSBURG, FL 33703

**Current Mailing Address:**

147 2ND AVE SOUTH  
SUITE 400  
SAINT PETERSBURG, FL 33701

**FEI Number:** 85-0532385

**Certificate of Status Desired:** No

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

ROWE, JAMES C  
147 2ND AVE SOUTH  
SUITE 400  
SAINT PETERSBURG, FL 33701 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 LLOYD, WILLIAM C  
Address 147 2ND AVE SOUTH, STE 400  
City-State-Zip: SAINT PETERSBURG FL 33701

*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:** WILLIAM C LLOYD

AMBR

03/15/2023

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

\_\_\_\_\_  
Date