

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L20000100831

**Entity Name:** PORT HENDRY D, LLC

**Current Principal Place of Business:**

1800 GRANT STREET  
TAMPA, FLORIDA, FL 33605

**Current Mailing Address:**

1800 GRANT STREET  
TAMPA, FLORIDA, FL 33605 US

**FEI Number:** APPLIED FOR

**Certificate of Status Desired:** Yes

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

MANELLI, DENNIS E  
1800 GRANT STREET  
TAMPA, FL 33605 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 MGRM  
Name HENDRY HOLDINGS, LLC  
Address 1800 GRANT STREET  
City-State-Zip: TAMPA FL 33605

Title P  
Name HENDRY, MARTHA KELLY  
Address 1800 GRANT STREET  
City-State-Zip: TAMPA FL 33605

Title VP,S  
Name HENDRY, JAMES MICHAEL  
Address 1800 GRANT STREET  
City-State-Zip: TAMPA FL 33605

Title VP,T  
Name MANELLI, DENNIS E  
Address 1800 GRANT STREET  
City-State-Zip: TAMPA FL 33605

Title AT,AS  
Name GOODWIN, JAMES W  
Address 1800 GRANT STREET  
City-State-Zip: TAMPA FL 33605

*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:** MARTHA KELLY HENDRY

**PRESIDENT**

**04/28/2023**

Electronic Signature of Signing Authorized Person(s) Detail

Date