

**2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L20000271177

**Entity Name:** ALLIGATOR LAKESIDE HOLDINGS LLC

**Current Principal Place of Business:**

7901 4TH ST N  
300  
ST. PETERSBURG, FL 33702

**Current Mailing Address:**

6134 ALLIGATOR LAKE SHR W  
SAINT CLOUD, FL 34771 US

**FEI Number:** NOT APPLICABLE

**Certificate of Status Desired:** No

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

REGISTERED AGENTS INC.  
7901 4TH ST N  
300  
ST. PETERSBURG, FL 33702 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            AR  
Name            GLASSER, TOM  
Address        7901 4TH ST N, 300  
City-State-Zip: ST. PETERSBURG FL 33702

Title            AR  
Name            GLASSER, SHAWN  
Address        7901 4TH ST N, 300  
City-State-Zip: ST. PETERSBURG FL 33702

*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:** SHAWN MORRIS GLASSER

**MGR**

**04/01/2021**

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

\_\_\_\_\_  
Date