# 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: JAMES L. TALKIE

Electronic Signature of Signing Authorized Person(s) Detail

#### 2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

# DOCUMENT# L04000034330

#### Entity Name: JAMES TALKIE CUSTOM HOMES & RENOVATIONS, LLC

#### **Current Principal Place of Business:**

8307 MIDNIGHT PASS ROAD SARASOTA, FL 34242

#### **Current Mailing Address:**

8307 MIDNIGHT PASS ROAD SARASOTA. FL 34242 US

### FEI Number: 20-1088467

# Name and Address of Current Registered Agent:

TALKIE, JAMES L 8307 MIDNIGHT PASS ROAD SARASOTA, FL 34242 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

# Authorized Person(s) Detail :

Title MGR Name TALKIE, JAMES L Address 8307 MIDNIGHT PASS ROAD City-State-Zip: SARASOTA FL 34242

Date

Certificate of Status Desired: No

02/28/2018

#### FILED Feb 28, 2018 Secretary of State CC0320052275

Date

MANAGER