# that my name appears above, or on an attachment with all other like empowered. 02/11/2014

SIGNATURE: JAMES L. TALKIE

Electronic Signature of Signing Authorized Person(s) Detail

8307 MIDNIGHT PASS ROAD SARASOTA. FL 34242 US

2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

Entity Name: JAMES TALKIE CUSTOM HOMES & RENOVATIONS, LLC

## FEI Number: 20-1088467

**Current Mailing Address:** 

DOCUMENT# L04000034330

8307 MIDNIGHT PASS ROAD SARASOTA, FL 34242

**Current Principal Place of Business:** 

### 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

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

MANAGER/OWNER

FILED Feb 11, 2014 Secretary of State

CC8052097577

Date

# Certificate of Status Desired: No

Date