

2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000055981

Entity Name: THOMAS VILLENUEVE LLC

Current Principal Place of Business:

1014 BARNETT ST
PENSACOLA, FL 32505

Current Mailing Address:

1014 BARNETT ST
PENSACOLA, FL 32505

FEI Number: 20-1420417

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

ROCKWELL ACCOUNTING, LLC
912 W MICHIGAN AVE
PENSACOLA, FL 32505 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 | Title | AUTHORIZED MEMBER |
| Name | VILLENUEVE, THOMAS | Name | OPPENHIEN, CLATON |
| Address | 1014 BARNETT ST | Address | 1715 N. 58TH ST |
| City-State-Zip: | PENSACOLA FL 32505 | City-State-Zip: | PENSACOLA FL 32506 |
| | | | |
| Title | AUTHORIZED MEMBER | Title | CO OWNER |
| Name | MILLS, JOSHUA AL | Name | VILLENEUVE, ROSEMARY |
| Address | 1271 F REDWOOD LANE | Address | 1014 BARNETT ST |
| City-State-Zip: | GULF BREEZE FL | City-State-Zip: | PENSACOLA FL 32505 |

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: THOMAS VILLENUEVE

MRGM

04/26/2015

Electronic Signature of Signing Authorized Person(s) Detail

Date