

2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000061591

Entity Name: CODY CRIPE LLC

Current Principal Place of Business:

199 CURTIS MILL ROAD
SOPCHOPPY, FL 32358

Current Mailing Address:

P.O. BOX 253
SOPCHOPPY, FL 32358

FEI Number: NOT APPLICABLE

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CRIFE, CODY
199 CURTIS MILL ROAD
SOPCHOPPY, FL 32358 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 CRIPE, CODY
Address P.O. BOX 253
City-State-Zip: SOPCHOPPY FL 32358

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: CODY CRIPE

MGRM

03/22/2014

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date