

2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000111106

Entity Name: TLD VENTURES LLC

Current Principal Place of Business:

16 LAMSON ST
JACKSONVILLE, FL 32211

Current Mailing Address:

P.O. BOX 16466
JACKSONVILLE, FL 32245

FEI Number: 77-0666076

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

KOVER, WILLIAM T
16 LAMSON ST.
JACKSONVILLE, FL 32211 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	P	Title	V
Name	KOVER, WILLIAM T	Name	KOVER, WANDA
Address	P.O. BOX 16466	Address	P.O. BOX 16466
City-State-Zip:	JACKSONVILLE FL 32245	City-State-Zip:	JACKSONVILLE FL 32245

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: WILLIAM T. KOVER

PRES

02/21/2014

Electronic Signature of Signing Authorized Person(s) Detail

Date