# 2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

### DOCUMENT# L06000116367

### Entity Name: SARAH MAC BAND, LLC

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

902 N. DUVAL ST. TALLAHASSEE, FL 32303

## **Current Mailing Address:**

902 N. DUVAL ST. TALLAHASSEE, FL 32303 US

# FEI Number: 20-8079814

## Name and Address of Current Registered Agent:

VANTURE, CHARLES E 902 N. DUVAL ST. TALLAHASSEE, FL 32303 US FILED Apr 21, 2015 Secretary of State CC5322726640

Certificate of Status Desired: No

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           | MGRM                     | Title           | MGRM                 |
|-----------------|--------------------------|-----------------|----------------------|
| Name            | VANTURE, CHARLES         | Name            | SWINDELL, CLAIRE     |
| Address         | 902 N. DUVAL ST.         | Address         | 902 N. DUVAL ST.     |
| City-State-Zip: | TALLAHASSEE FL 32303     | City-State-Zip: | TALLAHASSEE FL 32303 |
|                 |                          |                 |                      |
| Title           | MGRM                     |                 |                      |
| Title<br>Name   | MGRM<br>MCELHANEY, SARAH |                 |                      |
|                 |                          |                 |                      |

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: CHARLES E VANTURE

MGRM

Date

Electronic Signature of Signing Authorized Person(s) Detail