

**2013 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000091630

**Entity Name:** 139 VENTURES, LLC

**Current Principal Place of Business:**

218 EAST BEARSS AVENUE, SUITE 409  
TAMPA, FL 33602

**Current Mailing Address:**

218 EAST BEARSS AVENUE, SUITE 409  
TAMPA, FL 33602

**FEI Number:** 26-3629183

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

COCKEY, PRESTON OJR  
110 E. MADISON STREET, SUITE 204  
TAMPA, FL 33602 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           MANAGER  
Name           SCAGLIONE, BASIL  
Address        218 EAST BEARSS AVENUE  
City-State-Zip: TAMPA FL 33602

*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 608, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** BASIL SCAGLIONE

**MANAGER**

**02/22/2013**

Electronic Signature of Signing Authorized Person(s) Detail

Date