

2014 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: BASIL N SCAGLIONE

MANAGER

01/27/2014

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date