### 2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000100091

Entity Name: CLEMATIS VENTURES LLC

### Current Principal Place of Business:

331 CLEMATIS STREET WEST PALM BEACH, FL 33401

### **Current Mailing Address:**

500 N. DIXIE HWY LAKE WORTH, FL 33460 US

### FEI Number: 26-3606607

# Name and Address of Current Registered Agent:

PAXMAN, JOHN TESQ. JOHN T. PAXMAN P.A. 1832 NORTH DIXIE LAKE WORTH, FL 33460 US FILED Jan 15, 2014 Secretary of State CC2152930294

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 :

| MGRM                | Title   | MGRM  |
|---------------------|---|---|
| DIAMENT, SCOTT      | Name  | SAMUELS, ROBERT M                                     |
| 500 NORTH DIXIE HWY | Address                                       | 331 CLEMATIS STREET                                   |
| LAKE WORTH FL 33460 | Citv-State-Zip:                               | WEST PALM BEACH FL 33401                              |
|                     | ,   |   |
|                     |   |   |
| MGRM                | ,   |   |
|                     |   |   |
| MGRM                |   |   |
|                     | MGRM<br>DIAMENT, SCOTT<br>500 NORTH DIXIE HWY | MGRMTitleDIAMENT, SCOTTName500 NORTH DIXIE HWYAddress |

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: SCOTT DIAMENT MGRM |
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|-------------------------------|

01/15/2014

Date

Electronic Signature of Signing Authorized Person(s) Detail

Date