

2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000101700

Entity Name: TIMELESS LIGHT MEDIA, LLC**Current Principal Place of Business:**912 BIRDIE WAY
SAINT AUGUSTINE, FL 32080**Current Mailing Address:**912 BIRDIE WAY
SAINT AUGUSTINE, FL 32080 US**FEI Number:** 26-3637455**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**UNITED STATES CORPORATION AGENTS, INC.
13302 WINDING OAKS BLVD.
SUITE A-100
TAMPA, FL 33612 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	MGRM
Name	FLYNT, JOHN E
Address	912 BIRDIE WAY
City-State-Zip:	SAINT AUGUSTINE FL 32080

Title	MGR
Name	FLYNT, JOCELYN RENE
Address	912 BIRDIE WAY
City-State-Zip:	SAINT AUGUSTINE FL 32080

Title	MGRM
Name	FLYNT, RACHEL MARIE
Address	912 BIRDIE WAY
City-State-Zip:	SAINT AUGUSTINE FL 32080

Title	MGRM
Name	FLYNT, JENNIFER ANNE
Address	912 BIRDIE WAY
City-State-Zip:	SAINT AUGUSTINE FL 32080

Title	MGR
Name	FLYNT, JOHN EDWARD
Address	912 BIRDIE WAY
City-State-Zip:	SAINT AUGUSTINE FL 32080

Title	MGRM
Name	FLYNT, JOCELYN RENE
Address	912 BIRDIE WAY
City-State-Zip:	SAINT AUGUSTINE FL 32080

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: JOHN EDWARD FLYNT**MANAGER PRESIDENT****04/13/2015**

Electronic Signature of Signing Authorized Person(s) Detail

Date