

**2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000099252

**Entity Name:** SPLYST L.L.C

**Current Principal Place of Business:**

1101 BRICKELL AVE  
NORTH TOWER SUITE 800  
BRICKELL, FL 33131

**Current Mailing Address:**

1101 BRICKELL AVE  
NORTH TOWER SUITE 800  
BRICKELL, FL 33131 US

**FEI Number:** 45-3122715

**Certificate of Status Desired:** No

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

MONTAQUE, TRAVIS  
1483 SW 161ST AVE.  
PEMBROKE PINES, FL 33027 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 MONTAQUE, TRAVIS  
Address 1483 SW 161ST AVE.  
City-State-Zip: PEMBROKE PINES FL 33027

*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:** TRAVIS MONTAQUE

**MANAGER**

**03/26/2014**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date