

2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L12000078122

Entity Name: 145 CHAPPY, LLC**Current Principal Place of Business:**145 CHAPPAQUIDDICK ROAD
EDGARTOWN, MA 02539**Current Mailing Address:**413 WEST PALM DRIVE
LAKELAND, FL 33803 US**FEI Number:** 27-0732085**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**TILGHMAN, THOMAS S
413 WEST PALM AVENUE
LAKELAND, FL 33803 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	MGR
Name	TILGHMAN, THOMAS S
Address	413 WEST PALM AVENUE
City-State-Zip:	LAKELAND FL 33803

Title	PARTNER
Name	TILGHMAN, RUTH MS.
Address	603 UPPER DUMMERSTON RD
City-State-Zip:	BRATTLEBORO VT 05301

Title	PARTNER
Name	TILGHMAN, PETER P. MR.
Address	P. O. BOX 167
City-State-Zip:	WELLS RIVER VT 05081

Title	PARTNER
Name	TILGHMAN, FRANK H MR.
Address	P. O. BOX 167
City-State-Zip:	WELLS RIVER VT 05081

Title	PARTNER
Name	BURRIS, LOIS T. MS.
Address	BOX 126
City-State-Zip:	WEST HARTFORD VT 05084

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: THOMAS S. TILGHMAN

MANAGING PARTNER

04/10/2014

Electronic Signature of Signing Authorized Person(s) Detail_____
Date