

**2016 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:**3616 HARDEN BLVD #230  
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	BURRIS, LOIS T. MS.
Address	BOX 126
City-State-Zip:	WEST HARTFORD VT 05084

Title	MANAGER
Name	TILGHMAN, RUTH MS.
Address	603 UPPER DUMMERSTON RD
City-State-Zip:	BRATTLEBORO VT 05301
Title	MANAGER
Name	TILGHMAN-OSBORNE, CARLOS
Address	61 BAY VIEW AVENUE
City-State-Zip:	EDGARTOWN MA 02539

*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

MANAGER

01/27/2016

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