

**2015 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 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

**MANAGER**

**04/03/2015**

Electronic Signature of Signing Authorized Person(s) Detail

Date