

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L12000128568

**Entity Name:** TIM HUPPLER LMT,LLC

**Current Principal Place of Business:**

5291 IMAGES CIRCLE  
APT 201  
KISSIMMEE, FL 34746

**Current Mailing Address:**

5291 IMAGES CIRCLE  
APT 201  
KISSIMMEE, FL 34746

**FEI Number:** 46-1167986

**Certificate of Status Desired:** No

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

HUPPLER, TIMOTHY J  
5291 IMAGES CIRCLE  
APT 201  
KISSIMMEE, FL 34746 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 HUPPLER, TIMOTHY J  
Address 5291 IMAGES CIRCLE APT 201  
City-State-Zip: KISSIMMEE FL 34746

*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:** TIMOTHY J HUPPLER

MGR

01/07/2015

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

\_\_\_\_\_  
Date