tificate of Status Desired: No		
01/2016		
Date		

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 TAYLOR

MGRM

04/01/2016

Electronic Signature of Signing Authorized Person(s) Detail

2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L12000160407

Entity Name: THOMAS ARTHUR TAYLOR, L.L.C

Current Principal Place of Business:

445 SW 19TH ST CAPE CORAL, FL 33991

Mailing Add _

FILED Apr 01, 2016 Secretary of State CC5845464397

Date