# 2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L14000060222

Entity Name: 2014, LLC

# **Current Principal Place of Business:**

834 HIDDEN CAVE RD. MADISON, WI 53717

# **Current Mailing Address:**

834 HIDDEN CAVE RD. MADISON, WI 53717 US

# FEI Number: 36-4783375

### Name and Address of Current Registered Agent:

REGISTERED AGENTS INC. 3030 N. ROCKY POINT DR. STE 150A TAMPA, FL 33607 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

# Authorized Person(s) Detail :

TitleMGRNameCORNETT, TIMOTHY DAddress834 HIDDEN CAVE RD.City-State-Zip:MADISON WI 53717

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.

MGR

SIGNATURE: TIMOTHY D CORNETT

Electronic Signature of Signing Authorized Person(s) Detail

FILED Jan 24, 2015 Secretary of State CC1737886314

Certificate of Status Desired: Yes

Date

01/24/2015 Date