

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L14000065532

**Entity Name:** TRANSLOGIX, LLC

**Current Principal Place of Business:**

2200 PONCE DE LEON BLVD.  
SUITE #2  
ST. AUGUSTINE, FL 32084

**Current Mailing Address:**

2200 PONCE DE LEON BLVD  
SUITE #2  
ST. AUGUSTINE, FL 32084 US

**FEI Number:** 46-5509154

**Certificate of Status Desired:** No

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

SCHUMANN, JAY  
2200 PONCE DE LEON BLVD.  
SUITE #2  
ST. AUGUSTINE, FL 32084 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            CEO  
Name            SCHUMANN, JAY A  
Address        2200 PONCE DE LEON BLVD.  
                  SUITE #2  
City-State-Zip: ST. AUGUSTINE FL 32084

*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:** JAY A. SCHUMANN

CEO

03/24/2015

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

\_\_\_\_\_  
Date