

2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L15000013458

Entity Name: 45 CENTRAL SQUARE LLC

Current Principal Place of Business:

45 CENTRAL SQUARE
UNIT BC #2
SANTA ROSA BEACH, FL 32459

Current Mailing Address:

PO BOX 4899
SANTA ROSA BEACH, FL 32459 US

FEI Number: 47-2918467

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

SHIRLEY, JAMES F
219 E SHALLOWS DR
SANTA ROSA BEACH, FL 32459 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 SHIRLEY, JAMES F
Address 219 E SHALLOWS DR
City-State-Zip: SANTA ROSA BEACH FL 32459

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: JAMES SHIRLEY

MGR

04/26/2016

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date