

**2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L15000029962

**Entity Name:** TALLEYRAND, LLC

**Current Principal Place of Business:**

1200 RIVERPLACE BLVD., SUITE 800  
JACKSONVILLE, FL 32207

**Current Mailing Address:**

PO BOX 23181  
JACKSONVILLE, FL 32241

**FEI Number:** NOT APPLICABLE

**Certificate of Status Desired:** No

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

CRAWFORD, JOHN R  
1200 RIVERPLACE BLVD., SUITE 800  
JACKSONVILLE, FL 32207 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	MBR	Title	MBR
Name	CRAWFORD, JOHN R	Name	GREGG, JIM
Address	1200 RIVERPLACE BLVD., SUITE 800	Address	1200 RIVERPLACE BLVD., SUITE 800
City-State-Zip:	JACKSONVILLE FL 32207	City-State-Zip:	JACKSONVILLE FL 32207

*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:** JIM GREGG

MBR

04/15/2016

Electronic Signature of Signing Authorized Person(s) Detail

Date