

**2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L15000059769

**Entity Name:** REMINGTON THORP LLC

**Current Principal Place of Business:**

163 SAND PEBBLE CIRCLE  
PORT ORANGE, FL 32129

**Current Mailing Address:**

163 SAND PEBBLE CIRCLE  
PORT ORANGE, FL 32129

**FEI Number:** 47-5604815

**Certificate of Status Desired:** Yes

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

ALLEN, JAHNAE S  
163 SAND PEBBLE CIRCLE  
PORT ORANGE, FL 32129 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           MANAGER, AUTHORIZED MEMBER,  
                  AUTHORIZED REPRESENTATIVE  
Name           ALLEN, JAHNAE S  
Address        163 SAND PEBBLE CIRCLE  
City-State-Zip: PORT ORANGE FL 32129

Title           MANAGER, AUTHORIZED MEMBER,  
                  AUTHORIZED REPRESENTATIVE  
Name           CROUTER, AARON A  
Address        163 SAND PEBBLE CIRCLE  
City-State-Zip: PORT ORANGE FL 32129

Title           MANAGER, AUTHORIZED MEMBER,  
                  AUTHORIZED REPRESENTATIVE  
Name           HEARON, TERRENCE  
Address        4164 PAULDING AVE  
City-State-Zip: BRONX NY 10466

*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:** AARON CROUTER

**AUTHORIZED MEMBER**

**04/29/2016**

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

\_\_\_\_\_  
Date