

2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L15000180696

Entity Name: TIGES, LLC

Current Principal Place of Business:

5151 SUNBEAM RD STE 17
JACKSONVILLE, FL 32257

Current Mailing Address:

PO BOX 57760
JACKSONVILLE, FL 32241

FEI Number: 47-5420981

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CREAN, JAMES M
5151 SUNBEAM RD STE 17
JACKSONVILLE, FL 32257 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 PD
Name CREAN, JAMES M SR
Address 5151 SUNBEAM RD STE 17
City-State-Zip: JACKSONVILLE FL 32257

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 CREAN

PRESIDENT

04/11/2016

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date