

**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