

2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L15000197047

Entity Name: LOCHNESS MONSTER, LLC

Current Principal Place of Business:

255 ALHAMBRA CIRCLE SUITE 1160
CORAL GABLES, FL 33134

Current Mailing Address:

255 ALHAMBRA CIRCLE SUITE 1160
CORAL GABLES, FL 33134

FEI Number: 81-1044599

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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 SHANER, JUSTIN
Address 255 ALHAMBRA CIRCLE SUITE 1160
City-State-Zip: CORAL GABLES FL 33134

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: JUSTIN L. SHANER

MANAGER

04/08/2016

Electronic Signature of Signing Authorized Person(s) Detail

Date