## 2017 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M16000002760

Entity Name: 313 TRUMAN, LLC

### **Current Principal Place of Business:**

313 TRUMAN AVENUE KEY WEST, FL 33040

# **Current Mailing Address:**

4909 WEST OAK HARBOR S.E. ROAD PORT CLINTON, OH 43452 US

## FEI Number: 47-3235861

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

ZIMMERMAN, LORRAINE 313 TRUMAN AVENUE KEY WEST, FL 33040 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

### Authorized Person(s) Detail :

| Title           | PROPERTY MGR           | Title          | OWNER/MANAGER                  |
|-----------------|------------------------|----------------|--------------------------------|
| Name            | MCGINTY, KEVIN         | Name           | ZIMMERMAN, LORRAINE D.         |
| Address         | C/O KEY WEST HIDEAWAYS | Address        | 4909 WEST OAK HARBOR S.E. ROAD |
|                 | 828 WHITE STREET       | City-State-Zin | PORT CLINTON OH 43452          |
| City-State-Zip: | KEY WEST FL 33040      | ony otato zip. |                                |

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: LORRAINE D. ZIMMERMAN

OWNER/MANAGER

01/17/2017 Date

Date

Electronic Signature of Signing Authorized Person(s) Detail

FILED Jan 17, 2017 Secretary of State CC1055485645

Certificate of Status Desired: No