

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000094375

Entity Name: TOWHEAD, LLC

**FILED**  
**Jan 29, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

1967 WAGES WAY S.  
JACKSONVILLE, FL 32218

**New Principal Place of Business:**

**Current Mailing Address:**

1967 WAGES WAY S.  
JACKSONVILLE, FL 32218

**New Mailing Address:**

FEI Number: 27-3367524

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

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

LARSON, TRAVIS  
1967 WAGES WAY S.  
JACKSONVILLE, FL 32218 US

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

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

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: LARSON, TRAVIS  
Address: 1967 WAGES WAY S.  
City-St-Zip: JACKSONVILLE, FL 32218

Title: MGR  
Name: LARSON, ANN  
Address: 1967 WAGES WAY S.  
City-St-Zip: JACKSONVILLE, FL 32218

Title: MGR  
Name: BALAZIC, KIM  
Address: 1649 HAMMOCK GROVE LANE  
City-St-Zip: JACKSONVILLE, FL 32225

Title: MGR  
Name: BALAZIC, BOB  
Address: 1649 HAMMOCK GROVE LANE  
City-St-Zip: JACKSONVILLE, FL 32225

I hereby certify that the information indicated on this 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 608, Florida Statutes.

SIGNATURE: TRAVIS L. LARSON

MRGM

01/29/2011

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date