#### 2015 FLORIDA LIMITED PARTNERSHIP ANNUAL REPORT

DOCUMENT# A99000000855

**Entity Name: TALMAGE FAMILY LIMITED PARTNERSHIP** 

Mar 23, 2015 Secretary of State CC2718356144

**FILED** 

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

505 SOUTH FLAGLER DRIVE SUITE 1100 WEST PALM BEACH, FL 33401

# **Current Mailing Address:**

505 SOUTH FLAGLER DRIVE SUITE 1100 WEST PALM BEACH, FL 33401 US

FEI Number: 65-0922915 Certificate of Status Desired: No

## Name and Address of Current Registered Agent:

JONES FOSTER SERVICE, LLC 505 SOUTH FLAGLER DRIVE SUITE 1100 WEST PALM BEACH, FL 33401 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

## **General Partner Detail:**

Document # Document #

Name TALMAGE, JOHN Name MEARS, WENDY

Address 350 EAST ALLEN STREET Address 350 EAST ALLEN STREET

SUITE 707 UNIT 707

City-State-Zip: HENDERSONVILLE NC 28792 City-State-Zip: HENDERSONVILLE NC 28792

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 general partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: JOHN TALMAGE