2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Sep 18, 2015
Secretary of State
CC4217664011

DOCUMENT# L03000028020

Entity Name: HALFTIME ENTERPRISES LLC

Current Principal Place of Business:

2745 POWER MILL COURT
TALLAHASSEE, FL 32301

Current Mailing Address:

P.O. BOX 12788
TALLAHASSEE, FL 32317

FEI Number: 20-0779722

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

MCCORMICK, WILFORD
6807 TAMRA LANE
JACKSONVILLE, FL 32216 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	MGRM
Name	LB GRACE
Address	PO BOX 15148
City-State-Zip:	JACKSONVILLE FL 32239

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: TOD WARMACK OWNER 09/18/2015

Electronic Signature of Signing Authorized Person(s) Detail — Date