

2013 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000051244

Entity Name: THOMAS M. WERLINE, LLC

Current Principal Place of Business:

3591 WORTH CIRCLE
THE VILLAGES, FL 32162

Current Mailing Address:

PO BOX 525
OXFORD, FL 34484 US

FEI Number: 20-0554441

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

SWIGERT, BRETT LPA
1231 COUNTY RD 452
EUSTIS, FL 32726 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 MANAGER
Name WERLINE, THOMAS
Address PO BOX 525
City-State-Zip: OXFORD FL 34484

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 608, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: THOMAS WERLINE

MANAGER

04/16/2013

Electronic Signature of Signing Authorized Person(s) Detail

Date