

2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000022041

Entity Name: 1219 WEST THARPE, LLC

Current Principal Place of Business:

3311 NOHLCREST PL
PLANT CITY, FL 33566

Current Mailing Address:

3311 NOHLCREST PL
PLANT CITY, FL 33566

FEI Number: 20-4024042

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

HIGHTOWER, ROBERT S
128 SALEM COURT
TALLAHASSEE, FL 32301 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 MGR
Name PRESCOTT, JAMES T
Address 3311 NOHLCREST PL
City-State-Zip: PLANT CITY FL 33566

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: JAMES T. PRESCOTT

MGR

04/19/2015

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date