

**2017 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

MANAGER

04/28/2017

\_\_\_\_\_ Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_ Date