

**2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L05000065136

**Entity Name:** MOE'S TINSELTOWN, L.L.C.

**Current Principal Place of Business:**

450-106 STATE ROAD 13 NORTH,STE 213  
ST. JOHNS, FL 32259

**Current Mailing Address:**

450-106 STATE ROAD 13 NORTH, STE #213  
ST. JOHNS, FL 32259

**FEI Number:** 83-0433677

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

CHASTEEN, BRAD  
450-106 STATE ROAD 13 NORTH, STE 213  
ST. JOHNS, FL 32259 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 CHASTEEN, BRAD KMR.  
Address 450-106 SR 13 N, #213  
City-State-Zip: ST. JOHNS FL 32259

*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:** BRAD CHASTEEN

**OWNER**

**02/25/2014**

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

\_\_\_\_\_  
Date