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 it 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	TIMOTHY	J HIGHTOWER

Electronic Signature of Signing Authorized Person(s) Detail

Entity Name: THE HIGHTOWER VENTURE GROUP, LLC

2015 FLORIDA LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

# **Current Principal Place of Business:**

302 MARISCO WAY JACKSONVILLE, FL 32220

# **Current Mailing Address:**

DOCUMENT# L08000053988

302 MARISCO WAY JACKSONVILLE, FL 32220 US

# FEI Number: 26-2709889

# Name and Address of Current Registered Agent:

HIGHTOWER, ANNIE L 302 MARISCO WAY JACKSONVILLE, FL 32220 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

# Authorized Person(s) Detail :

Title	MGR	Title	MGR
Name	HIGHTOWER, TIMOTHY JERMEL	Name	HIGHTOWER, ANNIE L
Address	302 MARISCO WAY	Address	302 MARISCO WAY
City-State-Zip:	JACKSONVILLE FL 32220	City-State-Zip:	JACKSONVILLE FL 32220

nereby 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 th; 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

MGR

# Certificate of Status Desired: Yes

11/25/2015

# FILED Nov 25, 2015 Secretary of State CC0949807079

Date

Date