

**2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000104581

**Entity Name:** 413 ALL SAINTS STREET, LLC

**Current Principal Place of Business:**

413 ALL SAINTS STREET  
TALLAHASSEE, FL 32301

**Current Mailing Address:**

413 ALL SAINTS STREET  
TALLAHASSEE, FL 32301

**FEI Number:** 27-0376802

**Certificate of Status Desired:** Yes

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

CROWE, RICHARD RMGR  
413 ALL SAINTS STREET  
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 GILCHRIST, DAVID D  
Address 413 ALL SAINTS STREET  
City-State-Zip: TALLAHASSEE FL 32301

Title MGR  
Name CROWE, RICHARD R  
Address 413 ALL SAINTS STREET  
City-State-Zip: TALLAHASSEE FL 32301

*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:** RICHARD CROWE

MGR

03/30/2016

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

\_\_\_\_\_  
Date