

**2013 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000008270

**Entity Name:** TIPPY AMICK TRAINING LLC

**Current Principal Place of Business:**

3681 LOMA FARM RD  
TALLAHASSEE, FL 32309

**Current Mailing Address:**

3681 LOMA FARM RD  
TALLAHASSEE, FL 32309

**FEI Number:** 27-4590531

**Certificate of Status Desired:** No

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

AMICK, SARAH  
3681 LOMA FARM RD  
TALLAHASSEE, FL 32309 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 AMICK, SARAH  
Address 3681 LOMA FARM RD  
City-State-Zip: TALLAHASSEE FL 32309

*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 608, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** SARAH AMICK

**OWNER**

**01/02/2013**

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

\_\_\_\_\_  
Date