**2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**
**Mar 22, 2016**
**Secretary of State**
**CC3090129483**

DOCUMENT# L11000122334

**Entity Name:** TIM MCALPINE LLC

**Current Principal Place of Business:**

937 FLEMING STREET
KEY WEST, FL 33040

**Current Mailing Address:**

PO BOX 5251
KEY WEST, FL 33045 US

**FEI Number: APPLIED FOR**

**Certificate of Status Desired:** No

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

PRIBRAMSKY, STEVEN R
937 FLEMING STREET
KEY WEST, FL 33040 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 | MCALPINE, TIM |
| Address | PO BOX 5251 |
| City-State-Zip: | KEY WEST FL 33045 |

*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: TIM MCALPINE MGRM 03/22/2016

Electronic Signature of Signing Authorized Person(s) Detail — Date