

2013 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

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

SIGNATURE: MCALPINE, TIM

MGRM

04/10/2013

Electronic Signature of Signing Authorized Person(s) Detail

Date