

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L12000074607

**Entity Name:** CG THOMPkins, LLC

**Current Principal Place of Business:**

36 FOLCROFT LANE  
PALM COAST, FL 32137

**Current Mailing Address:**

36 FOLCROFT LANE  
PALM COAST, FL 32137 US

**FEI Number:** 45-5427614

**Certificate of Status Desired:** No

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

THOMPkins, CAROLYN G  
36 FOLCROFT LANE  
PALM COAST, FL 32137 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 THOMPkins, CAROLYN G  
Address 36 FOLCROFT LANE  
City-State-Zip: PALM COAST FL 32137

*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:** CAROLYN G. THOMPkins

MGRM

01/29/2015

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

\_\_\_\_\_  
Date