

**2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L12000104443

**Entity Name:** TALCOR-WEST FLORIDA DIVISION, LLC

**Current Principal Place of Business:**

1018 THOMASVILLE ROAD  
SUITE 200A  
TALLAHASSEE, FL 32303

**Current Mailing Address:**

1018 THOMASVILLE ROAD  
SUITE 200A  
TALLAHASSEE, FL 32303

**FEI Number:** 46-0790232

**Certificate of Status Desired:** Yes

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

TALCOR COMMERCIAL REAL ESTATE SERVICES, IN  
1018 THOMASVILLE ROAD  
SUITE 200A  
TALLAHASSEE, FL 32303 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 JONES, PATRICK  
Address 228 REID AVE.  
City-State-Zip: PORT ST JOE FL 32456

Title MGRM  
Name MURRAY, E. EDWARD JR  
Address 1018 THOMASVILLE RD - STE 200A  
City-State-Zip: TALLAHASSEE FL 32303

Title MGRM  
Name LANGSTON, FRANK L  
Address 1018 THOMASVILLE RD - STE 200A  
City-State-Zip: TALLAHASSEE FL 32303

Title MGRM  
Name FAISON, BRENT  
Address 228 REID AVE  
City-State-Zip: PORT ST JOE FL 32456

*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:** E. EDWARD MURRAY, JR.

**MGRM**

**03/29/2014**

Electronic Signature of Signing Authorized Person(s) Detail

Date