

2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L13000106686

Entity Name: DICKENS REID PLLC

Current Principal Place of Business:

517 E. COLLEGE AVE.
TALLAHASSEE, FL 32301

Current Mailing Address:

517 E. COLLEGE AVE.
TALLAHASSEE, FL 32301 US

FEI Number: 46-3283793

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

DICKENS, THOMAS L III
517 E. COLLEGE AVE.
TALLAHASSEE, FL 32301 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 DICKENS, THOMAS L III
Address 517 E. COLLEGE AVE.
City-State-Zip: TALLAHASSEE FL 32301

Title MGRM
Name REID, JOHN
Address 517 E. COLLEGE AVE.
City-State-Zip: TALLAHASSEE FL 32301

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: JOHN LAURANCE REID

MGR

04/30/2016

Electronic Signature of Signing Authorized Person(s) Detail

Date