

**2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L13000132980

**Entity Name:** THUMB BLADES, LLC

**Current Principal Place of Business:**

800 OCALA RD. STE. 300-143  
TALLAHASSEE, FL 32304

**Current Mailing Address:**

800 OCALA RD. STE. 300-143  
TALLAHASSEE, FL 32304 US

**FEI Number:** 46-4328889

**Certificate of Status Desired:** No

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

JONES, RALPH III  
1124 HAYDEN CT  
PENSACOLA, FL 32501 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	Title	AMBR
Name	JONES, RALPH III	Name	DAVIS, WILLIE J JR.
Address	1124 HAYDEN CT	Address	1033 LONGSTREET DR.
City-State-Zip:	PENSACOLA FL 32501	City-State-Zip:	TALLAHASSEE FL 32311

*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:** RALPH JONES

MGRM

01/25/2016

Electronic Signature of Signing Authorized Person(s) Detail

Date