

2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L14000124016

Entity Name: TOHI SERVICES, LLC

Current Principal Place of Business:

214 GAUTIER MEMORIAL LANE
PORT ST. JOE, FL 32456

Current Mailing Address:

214 GAUTIER MEMORIAL LANE
PORT ST. JOE, FL 32456 US

FEI Number: 47-1533630

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

JONES, WESLEY J
214 GAUTIER MEMORIAL LANE
PORT ST. JOE, FL 32456 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 | PRES | Title | AMBR |
| Name | JONES, WESLEY J | Name | DBA HEALTHCENTRIC CONSULTING |
| Address | 214 GAUTIER MEMORIAL LANE | Address | 214 GAUTIER MEMORIAL LANE |
| City-State-Zip: | PORT ST. JOE FL 32456 | 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: WESLEY J. JONES

PRESIDENT

04/18/2015

Electronic Signature of Signing Authorized Person(s) Detail

Date