

**2016 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**

**09/15/2016**

Electronic Signature of Signing Authorized Person(s) Detail

Date