

2016 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M00000002249

Entity Name: PEPPLC CANTU SCHMIDT PLLC**Current Principal Place of Business:**2430 ESTANCIA BLVD, SUITE 114
CLEARWATER, FL 33761**Current Mailing Address:**2430 ESTANCIA BLVD, SUITE 114
CLEARWATER, FL 33761**FEI Number:** 91-1697386**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**TRUSTEE AND CORPORATE SERVICES, INC.
2430 ESTANCIA BOULEVARD, SUITE 114
CLEARWATER, FL 33761 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:** DAVID O. CANTU, MEMBER

01/08/2016

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title MGRM
Name PEPPLC, DANIEL P
Address 1000 SECOND AVENUE, SUITE 2950
City-State-Zip: SEATTLE WA 98104

Title MGRM
Name SCHMIDT, JACKSON
Address 1000 SECOND AVENUE, SUITE 2950
City-State-Zip: SEATTLE WA 98104

Title MGMR
Name WILLIAMS, AMBER F
Address 2430 ESTANCIA BLVD, SUITE 114
City-State-Zip: CLEARWATER FL 33761

Title MGMR
Name CASSIDY, STEPHEN K
Address 1000 2ND AVENUE, SUITE 2950
City-State-Zip: SEATTLE WA 98104

Title MGRM
Name CANTU, DAVID O
Address 2430 ESTANCIA BOULEVARD, SUITE 114
City-State-Zip: CLEARWATER FL 33761

Title MGRM
Name HAWKINSON, JEFFREY M
Address 1000 SECOND AVENUE, SUITE 2950
City-State-Zip: SEATTLE WA 98104

Title MGMR
Name ODOM, JEFFREY M
Address 1000 SECOND AVENUE, SUITE 2950
City-State-Zip: SEATTLE WA 98104

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: DAVID O. CANTU

MEMBER

01/08/2016

Electronic Signature of Signing Authorized Person(s) Detail

Date