

2024 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# V23235

Entity Name: TCL SUBS, INC.**Current Principal Place of Business:**2671 S WOODLAND BLVD
DELAND, FL 32720**Current Mailing Address:**2671 S WOODLAND BLVD
DELAND, FL 32720**FEI Number:** 59-3115607**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**ORTIZ-SNOWDEN, SUSAN
5026 MAXON TERRACE
SANFORD, FL 32771 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**Officer/Director Detail :**

Title	PD
Name	SNOWDEN, SUSAN
Address	5026 MAXON TERRACE
City-State-Zip:	SANFORD FL 32771

Title	V
Name	NAPOLITANO, TAMARA
Address	108 NORRIS PLACE
City-State-Zip:	CASSELBERRY FL 32707

Title	T
Name	KALETA, LISA
Address	1937 EDEN DRIVE
City-State-Zip:	DELTONA FL 32738

Title	S
Name	DOUTHIT, CHERYL
Address	5026 MAXON TERRACE
City-State-Zip:	SANFORD FL 32771

Title	OPERATIONS OFFICER
Name	SNOWDEN, HENRY
Address	2529 DERBY DR
City-State-Zip:	DELTONA FL 32738

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 an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: SUSAN SNOWDEN

PD

03/13/2024

Electronic Signature of Signing Officer/Director Detail_____
Date