

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L01000022264

**Entity Name:** TMF, L.L.C.

**Current Principal Place of Business:**

1819 MAIN STREET, STE. 610  
SARASOTA, FL 34236

**Current Mailing Address:**

P.O. BOX 554  
NORTHVILLE, MI 48167 US

**FEI Number:** 60-0000458

**Certificate of Status Desired:** No

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

NORTON, SAM D  
1819 MAIN STREET, SUITE 610  
SARASOTA, FL 34236 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	MGR	Title	MGR
Name	MANNING, TERRANCE	Name	MANNING, TERRANCE J
Address	P.O. BOX 554	Address	P.O. BOX 554
City-State-Zip:	NORTHVILLE MI 48167	City-State-Zip:	NORTHVILLE MI 48167

*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:** TERRANCE MANNING

**OFFICER**

**02/10/2024**

Electronic Signature of Signing Authorized Person(s) Detail

Date