

**2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L04000038025

**FILED**  
**Jan 17, 2018**  
**Secretary of State**  
**CC6565641834**

**Entity Name:** TBI L.L.C.

**Current Principal Place of Business:**

2415 SW 35 AVE  
DELRAY BEACH, FL 33445

**Current Mailing Address:**

2415 SW 35 AVE  
DELRAY BEACH, FL 33445 US

**FEI Number:** 20-1128964

**Certificate of Status Desired:** No

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

BECRAFT, MARSHA L  
2415 SW 35 AVE  
DELRAY BCH, FL 33445 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	MGRM	Title	MGRM
Name	REVOCABLE TRUST OF THOMAS E. BECRAFT	Name	REVOCABLE TRUST OF MARSHA L BECRAFT
Address	2415 SW 35 AVE	Address	2415 SW 35 AVE
City-State-Zip:	DELRAY FL 33445	City-State-Zip:	DELRAY FL 33445

*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:** MARSHA BECRAFT

**MGRM**

**01/17/2018**

Electronic Signature of Signing Authorized Person(s) Detail

Date