

**2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L04000038025

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

**Current Principal Place of Business:**

917 NW 31 AVE  
POMPANO BEACH, FL 33069

**Current Mailing Address:**

PO BOX 667306  
POMPANO BEACH, FL 33066

**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**

**03/01/2016**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date