I hereby certify that the information indicated on this report or supplemental report is true and accurate oath; that I am a managing member or manager of the limited liability company or the receiver or trust that my name appears above, or on an attachment with all other like empowered.		
SIGNATURE: ANTHONY H. SON	PRESIDENT	10/25/2015

SIGNATURE: ANTHONY H. SON

Electronic Signature of Signing Authorized Person(s) Detail

Current Principal Place of Business: 1115 PIN OAK STREET HOLLYWOOD, FL 33019

Current Mailing Address:

1115 PIN OAK STREET HOLLYWOOD, FL 33019 US

FEI Number: 27-0632091

Name and Address of Current Registered Agent:

SON, ANTHONY H 1115 PIN OAK STREET HOLLYWOOD, FL 33019 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

Authorized Person(s) Detail :

Title	PRESIDENT	Title	MANAGER
Name	SON, ANTHONY H	Name	SON, DAYIANA I
Address	1115 PIN OAK STREET	Address	1115 PIN OAK STREET
City-State-Zip:	HOLLYWOOD FL 33019	City-State-Zip:	HOLLYWOOD FL 33019

Certificate of Status Desired: No

Date

FILED Oct 25, 2015 Secretary of State CC9771880193

Date

DOCUMENT# L09000072665 Entity Name: TI/CON BUILDING SYSTEMS, LLC

2015 FLORIDA LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT