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. 06/23/2020 MGR

SIGNATURE: ROBERT TONEY

Electronic Signature of Signing Authorized Person(s) Detail

Electronic Signature of Registered Agent Authorized Person(s) Detail :

Title	MGR	Title	MGRM
Name	TONEY, ROBERT C	Name	TONEY, JANE
Address	14060 NW 19 AVE	Address	14060 NW 19 AVE
City-State-Zip:	OPA LOCKA FL 33054	City-State-Zip:	OPA LOCKA FL 33054

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.

Name and Address of Current Registered Agent:

TONEY, DALE 14060 NW 19 AVE OPA LOCKA, FL 33054 US

SIGNATURE:

DOCUMENT# L09000114680

Entity Name: TONEYROB NC MTN LIMITED LIABILITY COMPANY

2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

Current Principal Place of Business:

14060 NW 19 AVE OPA LOCKA FL 33054

Current Mailing Address:

14060 NW 19 AVE OPA LOCKA FL 33054

FEI Number: 32-0310045

Jun 23, 2020 Secretary of State 5053884729CC

FILED

Certificate of Status Desired: No

Date

Date