# 2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

#### DOCUMENT# L10000019804

#### Entity Name: TNT OUTFITTERS LLC

## **Current Principal Place of Business:**

3400 NW 43RD PLACE BELL, FL 32619

## **Current Mailing Address:**

PO BOX 236 BELL, FL 32619

# FEI Number: 27-1956236

## Name and Address of Current Registered Agent:

THOMPSON, SHAWN 3400 NW 43RD PLACE BELL, FL 32619 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	MGRM	Title	MGRM
Name	THOMPSON, SHAWN	Name	THOMAS, CHAD
Address	PO BOX 236	Address	PO BOX 236
City-State-Zip:	BELL FL 32619	City-State-Zip:	BELL FL 32619

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: CHAD E THOMAS

MANAGER

02/19/2024 Date

Electronic Signature of Signing Authorized Person(s) Detail

FILED Feb 19, 2024 Secretary of State 1964069795CC

Certificate of Status Desired: No

Date