| 2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT |
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DOCUMENT# L11000014606

Entity Name: 1965 TNLW, LLC

Current Principal Place of Business:

1965 THOMPSON NURSERY ROAD LAKE WALES, FL 33859

Current Mailing Address:

POST OFFICE BOX 1427 LAKE WALES, FL 33859

FEI Number: 27-4841154

Name and Address of Current Registered Agent:

TAYLOR, JAY W 20 3RD STREET SW, SUITE 209 WINTER HAVEN, FL 33880 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.

| SIGNATUR | E: JAY W TAYLOR | | | 04/03/2019 | |
|-------------------------------|------------------------------------------|-----------------|----------------------|------------|--|
| | Electronic Signature of Registered Agent | | | Date | |
| Authorized Person(s) Detail : | | | | | |
| Title | MGRM | Title | MGRM | | |
| Name | BELIVEAU, STEPHAN S | Name | BELIVEAU, SINDY C | | |
| Address | POST OFFICE BOX 1427 | Address | POST OFFICE BOX 1427 | | |
| City-State-Zip: | LAKE WALES FL 33859 | City-State-Zip: | LAKE WALES FL 33859 | | |
| Title | OFFICE MANAGER | | | | |
| Name | WATSON, BIANCA C | | | | |
| Address | POST OFFICE BOX 1427 | | | | |
| City-State-Zip: | LAKE WALES FL 33859 | | | | |

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: SINDY BELIVEAU

MEMBER

Electronic Signature of Signing Authorized Person(s) Detail

Date

FILED Apr 03, 2019 Secretary of State 0417896839CC

Certificate of Status Desired: No