

**2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000015902

**Entity Name:** TLP, LLC

**Current Principal Place of Business:**

2583 SW OLDS PLACE  
STUART, FL 34997

**Current Mailing Address:**

2583 SW OLDS PLACE  
STUART, FL 34997 US

**FEI Number:** 27-5021543

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

LEE, SHARON  
2583 SW OLDS PLACE  
STUART, FL 34997 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 MGR  
Name LEE, SHARON  
Address 2583 OLDS PLACE  
City-State-Zip: STUART FL 34997

*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:** SHARON LEE

**MANAGER**

**04/25/2016**

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

\_\_\_\_\_  
Date