| 5002 NW 51<br>TAMARAC,   | ST<br>FL 33319 US   |                        |   |                   |
|--|---|------------------------|---|-------------------|
| FEI Number: 47-4427553   |   |                        | Certificate of Status Desired                   | l: No             |
| Name and A   | ddress of Current Registered Agent:   |                        |   |                   |
| THOMPSON, T<br>5002 NW 51ST<br>TAMARAC, FL   |   |                        |   |                   |
| 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. |   |                        |   |                   |
| The above named  | l entity submits this statement for the purpose of changing its regis                 | stered office or regis | stered agent, or both, in the State of Florida. |                   |
|  | entity submits this statement for the purpose of changing its regise. TEONNA THOMPSON | stered office or regis |   | 5/01/2021         |
|  | -   | stered office or regis |   |                   |
| SIGNATURE  | E: TEONNA THOMPSON  | stered office or regis |   | 5/01/2021         |
| SIGNATURE  | EIECTRONNA THOMPSON   | stered office or regis |   | 5/01/2021         |
| SIGNATURE  | TEONNA THOMPSON     Electronic Signature of Registered Agent  Person(s) Detail :      |                        | 0   | 5/01/2021<br>Date |
| SIGNATURE<br>Authorized  | TEONNA THOMPSON     Electronic Signature of Registered Agent  Person(s) Detail : MGR  | Title                  | Ot<br>AUTHORIZED MEMBER                         | 5/01/2021<br>Date |

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: TEONNA THOMPSON

MGR

05/01/2021

Electronic Signature of Signing Authorized Person(s) Detail

## DOCUMENT# L15000136118

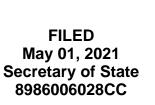
Entity Name: 1TEAMTHOMPSON LLC

2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

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

5002 NW 51ST TAMARAC, FL 33319

## **Current Mailing Address:**



Date