## 2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L16000007944

**Entity Name: TIDBIT RESTORATION LLC** 

**Current Principal Place of Business:** 

3560 ONYX CT

CARSON CITY. NV 89705

**Current Mailing Address:** 

**3560 ONYX CT** 

CARSON CITY. NV 89705 US

FEI Number: 81-1039512 Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

HAMPTON, LONNIE J 4301 MENHADEN DR SE SAINT PETERSBURG, FL 33705 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

FILED May 01, 2017

**Secretary of State** 

CC8714158344

Authorized Person(s) Detail:

Title P Title I

Name HAMPTON, LONNIE J Name HAMPTON, LONNIE J

Address 4301 MENHADEN DRIVE SE Address 4301 MENHADEN DRIVE SE

City-State-Zip: ST PETERSBURG FL 33705 City-State-Zip: ST PETERSBURG FL 33705

Title P Title P

Name HAMPTON, LONNIE J Name HAMPTON, LONNIE J

Address 4301 MENHADEN DRIVE SE Address 4301 MENHADEN DRIVE SE City-State-Zip: ST PETERSBURG FL 33705 City-State-Zip: ST PETERSBURG FL 33705

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Name HAMPTON, LONNIE J Name HAMPTON, LONNIE J

Address 4301 MENHADEN DRIVE SE Address 4301 MENHADEN DRIVE SE

City-State-Zip: ST PETERSBURG FL 33705 City-State-Zip: ST PETERSBURG FL 33705

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: LONNIE HAMPTON PRESIDENT

Electronic Signature of Signing Authorized Person(s) Detail

05/01/2017

Date