

**2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L16000104348

**Entity Name:** TM PLUS LLC

**Current Principal Place of Business:**

6110 CYPRESS POINT DR  
APT 107  
PANAMA CITY BEACH, FL 32408-5869

**Current Mailing Address:**

6110 CYPRESS POINT DR  
APT 107  
PANAMA CITY BEACH, FL 32408-5869 US

**FEI Number:** 81-2782075

**Certificate of Status Desired:** Yes

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

HARRIS, TODD A  
6110 CYPRESS POINT DR  
APT 107  
PANAMA CITY BEACH, FL 32408-5869 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           MANAGER  
Name           HARRIS, TODD A  
Address        6110 CYPRESS POINT DR  
                  APT 107  
City-State-Zip: PANAMA CITY BEACH FL 32408-5869

*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:** TODD HARRIS

**OWNER**

**06/17/2020**

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

\_\_\_\_\_  
Date