

**2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L17000003456

**Entity Name:** TOCPE LLC

**Current Principal Place of Business:**

1527 S FLAGLER DR APT 114  
WEST PALM BEACH, FL 33401

**Current Mailing Address:**

1527 S FLAGLER DR APT 114  
WEST PALM BEACH, FL 33401 US

**FEI Number:** NOT APPLICABLE

**Certificate of Status Desired:** No

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

CONKLIN, JOHN  
1527 S FLAGLER DR APT 114  
WEST PALM BEACH, FL 33401 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           CONKLIN, JOHN  
Address        1527 S FLAGLER DR APT 114  
City-State-Zip: WEST PALM BEACH AL 33401

*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:** JOHN CONKLIN

MANAGER

04/11/2019

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

\_\_\_\_\_  
Date