

**2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L17000023620

**Entity Name:** TTV LLC

**Current Principal Place of Business:**

11741 S. CLEVELAND AVE., #50  
FT. MYERS, FL 33907

**Current Mailing Address:**

11741 S. CLEVELAND AVE., #50  
FT. MYERS, FL 33907 US

**FEI Number:** 27-2297890

**Certificate of Status Desired:** No

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

SOMAVARAM, LAKSHMIPATHY  
11741 S. CLEVELAND AVE., #50  
FT. MYERS, FL 33907 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           SOMAVARAM, LAKSHMIPATHY  
Address        11741 S. CLEVELAND AVE., #50  
City-State-Zip: FT. MYERS FL 33907

*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:** LAKSHMIPATHY SOMAVARAM

**OWNER**

**05/25/2020**

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

\_\_\_\_\_ Date