# 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

#### SIGNATURE: CHRISTINA AREBALO

Electronic Signature of Signing Authorized Person(s) Detail

2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT DOCUMENT# L18000055611

Entity Name: TB DOOR SOLUTIONS, LLC

# **Current Principal Place of Business:**

12213 RAVENS NEST PL RIVERVIEW, FL 33578

#### **Current Mailing Address:**

12213 RAVENS NEST PL RIVERVIEW. FL 33578

## FEI Number: 82-4618896

## Name and Address of Current Registered Agent:

AREBALO, CHRISTINA 12213 RAVENS NEST PL RIVERVIEW, FL 33578 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

#### Authorized Person(s) Detail :

Title	MGR	Title	MGR
Name	AREBALO, CHRISTINA	Name	AREBALO, VICENTE D JR
Address	12213 RAVENS NEST PL	Address	12213 RAVENS NEST PL
City-State-Zip:	RIVERVIEW FL 33578	City-State-Zip:	RIVERVIEW FL 33578

that my name appears above, or on an attachment with all other like empowered.

OWNER

03/01/2021

# FILED Mar 01, 2021 Secretary of State 7715164877CC

Date

Certificate of Status Desired: No

Date