

**2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L19000125747

**Entity Name:** THIRD ROOM LLC

**Current Principal Place of Business:**

4055 CEDAR FORD BOULEVARD  
HASTINGS, FL 32145

**Current Mailing Address:**

200 EAST COCHRAN AVE  
BOX 1161  
HASTINGS, FL 32145-4228 US

**FEI Number:** 83-4705287

**Certificate of Status Desired:** No

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

SMITH, ALVIN JR  
4055 CEDAR FORD BLVD  
HASTINGS, FL 32145 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 MGR  
Name SMITH, ALVIN JR  
Address 4055 CEDAR FORD BOULEVARD  
City-State-Zip: HASTINGS FL 32145

*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:** ALVIN SMITH

**MANAGER**

**01/25/2020**

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

\_\_\_\_\_  
Date