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.

MANAGER

SIGNATURE: SCOTT A KINTZ

Electronic Signature of Signing Authorized Person(s) Detail

Entity Name: TEAM GLENN DOT, LLC **Current Principal Place of Business:**

2999 NW 165TH STREET CITRA, FL 32113

Current Mailing Address:

DOCUMENT# L19000189561

2999 NW 165TH STREET CITRA, FL 32113 US

FEI Number: 84-2635867

Name and Address of Current Registered Agent:

KINTZ, SCOTT A 2999 NW 165TH STREET CITRA, FL 32113 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

2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

Authorized Person(s) Detail :

Title	MGR	Title	MGR
Name	KINTZ, SCOTT A	Name	KINTZ, KIMBERLY A
Address	2999 NW 165TH STREET	Address	2999 NW 165TH STREET
City-State-Zip:	CITRA FL 32113	City-State-Zip:	CITRA FL 32113

FILED Mar 17, 2020 Secretary of State 6942683538CC

Certificate of Status Desired: Yes

03/17/2020

Date

Date