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.

PRESIDENT

SIGNATURE: TRENTON LIPPERT

Electronic Signature of Signing Authorized Person(s) Detail

## Authorized Person(s) Detail :

Autionzeu i erson(s) Detail.				
Title	Р	Title	AMBR	
Name	LIPPERT, TRENTON L	Name	T2 SOLUTIONS, LLC	
Address	4110 W BAY AVE	Address	206 WESSEX ROAD	
City-State-Zip:	TAMPA FL 33616	City-State-Zip:	ALTAMONTE SPRINGS FL 32714	
Title	AMBR	Title	AMBR	
Title Name	AMBR LIPPERT JR, RICHARD	Title Name	AMBR LIPPERT, KAREN	
Name	LIPPERT JR, RICHARD	Name	LIPPERT, KAREN	

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 AMENDED ANNUAL REPORT

# 830 SUNSHINE LANE

Entity Name: TL VENTURES GROUP, LLC

**Current Principal Place of Business:** 

ALTAMONTE SPRINGS, FL 32714 US

## FEI Number: 84-3417389

DOCUMENT# L19000252124

ALTAMONTE SPRINGS, FL 32714

**Current Mailing Address:** 

830 SUNSHINE LANE

## Name and Address of Current Registered Agent:

LIPPERT, TRENTON L 830 SUNSHINE LANE ALTAMONTE SPRINGS, FL 32714 US Certificate of Status Desired: No

08/12/2020 Date

Date