

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L19000252124

**Entity Name:** TL VENTURES GROUP, LLC

**Current Principal Place of Business:**

206 WESSEX ROAD  
ALTAMONTE SPRINGS, FL 32714

**Current Mailing Address:**

206 WESSEX ROAD  
ALTAMONTE SPRINGS, FL 32714 US

**FEI Number:** 84-3417389

**Certificate of Status Desired:** No

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

LIPPERT, TRENTON L  
4110 W BAY AVE  
TAMPA, FL 33616 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	AUTHORIZED MEMBER	Title	AUTHORIZED MEMBER
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	AUTHORIZED MEMBER	Title	AUTHORIZED MEMBER
Name	LIPPERT JR, RICHARD	Name	LIPPERT, KAREN
Address	206 WESSEX ROAD	Address	206 WESSEX ROAD
City-State-Zip:	ALTAMONTE SPRINGS FL 32714	City-State-Zip:	ALTAMONTE SPRINGS FL 32714

*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:** TRENTON LIPPERT

**AUTHORIZED MEMBER**

**01/29/2023**

Electronic Signature of Signing Authorized Person(s) Detail

Date