

**2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L20000038398

**Entity Name:** LTB1 LLC

**Current Principal Place of Business:**

44 JAMESTOWN DR.  
ORMOND BEACH, FL 32176

**Current Mailing Address:**

44 JAMESTOWN DR.  
ORMOND BEACH, FL 32176 US

**FEI Number:** APPLIED FOR

**Certificate of Status Desired:** No

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

SEIF, DAVID T  
915 MIDDLE RIVER DRIVE,  
STE 600  
FORT LAUDERDALE, FL 33304 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 BLACK, LES T  
Address 44 JAMESTOWN DR.  
City-State-Zip: ORMOND BEACH, F 32176

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:** BLACK,LES T

MGR

02/06/2021

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

\_\_\_\_\_  
Date