

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L20000059034

**Entity Name:** TRANSFLEET FINANCIAL LLC

**Current Principal Place of Business:**

2101 STARKEY ROAD  
I 1  
LARGO, FL 33771

**FILED**  
**Mar 10, 2023**  
**Secretary of State**  
**7415147251CC**

**Current Mailing Address:**

4669 GULF BLVD  
#217  
ST PETE BEACH, FL 33706 US

**FEI Number: 84-4976314**

**Certificate of Status Desired: No**

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

ALES, MADALINE  
4669 GULF BLVD  
#217  
ST PETE BEACH, FL 33706 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 ALES, MADALINE  
Address 4669 GULF BLVD #217  
City-State-Zip: ST PETE BEACH FL 33706

Title MGR  
Name BOWER, CRAIG  
Address 4669 GULF BLVD  
#217  
City-State-Zip: ST PETE BEACH FL 33706

*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: MADALINE ALES**

**MGR**

**03/10/2023**

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

\_\_\_\_\_  
Date