

**2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L20000386228

**Entity Name:** TIMS ALL RESCREEN LLC

**Current Principal Place of Business:**

840 CENTER AVE  
APT 26  
HOLLY HILL, FL 32117

**Current Mailing Address:**

840 CENTER AVE  
APT 26  
HOLLY HILL, FL 32117 US

**FEI Number:** 85-4314652

**Certificate of Status Desired:** No

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

EASTMEAD, TIMMY L  
840 CENTER AVE  
APT 26  
HOLLY HILL, FL 32117 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           MANAGER  
Name           EASTMEAD, TIMMY L  
Address        840 CENTER AVE  
                  APT 26  
City-State-Zip: HOLLY HILL FL 32117

*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:** TIMMY EASTMEAD

**MGR**

**04/22/2021**

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

\_\_\_\_\_  
Date