

**2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L21000057167

**Entity Name:** TANDJTEESANDCUSTOMIZATIONS LLC

**Current Principal Place of Business:**

13475 ATLANTIC BLVD.  
UNIT 8 #3008  
JACKSONVILLE, FL 32205

**FILED**  
**May 01, 2022**  
**Secretary of State**  
**4265623494CC**

**Current Mailing Address:**

8132 OSTEEN ST  
JACKSONVILLE, FL, FL 32210 UN

**FEI Number: 84-2847756**

**Certificate of Status Desired: No**

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

COPELAND, TARSHA  
8132 OSTEEN ST  
JACKSONVILLE, FL, FL 32210 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 COPELAND, TARSHA  
Address 8132 OSTEEN ST  
City-State-Zip: JACKSONVILLE, FL FL 32210

Title AMBR  
Name CRAIG, DE'AYSIA  
Address 8132 OSTEEN ST  
City-State-Zip: JACKSONVILLE, FL FL 32210

Title AMBR  
Name CRAIG, JUSHAWNDA  
Address 8132 OSTEEN ST  
City-State-Zip: JACKSONVILLE FL 32210

Title AMBR  
Name CRAIG, CLESHAWN JR  
Address 8132 OSTEEN ST  
City-State-Zip: JACKSONVILLE, FL FL 32210

Title AMBR  
Name CRAIG, DAYSHAWN  
Address 8132 OSTEEN ST  
City-State-Zip: JACKSONVILLE FL 32210

Title AMBR  
Name SCOTT, DEVONTE  
Address 8132 OSTEEN ST  
City-State-Zip: JACKSONVILLE FL 32210

*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: TARSHA COPELAND**

**MANAGER**

**05/01/2022**

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

\_\_\_\_\_  
Date