

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L21000132827

**Entity Name:** TBU USL2 LLC

**Current Principal Place of Business:**

5461 W WATERS AVE STE 910  
TAMPA, FL 33634

**Current Mailing Address:**

PO BOX 272051  
TAMPA, FL 33688-2051 US

**FEI Number:** 86-2979712

**Certificate of Status Desired:** No

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

LATRONICA, ANTHONY  
5461 W WATERS AVE STE 910  
TAMPA, FL 33634 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:** ANTHONY LATRONICA

03/09/2023

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MANAGER  
Name SAKALOSKY, MARK  
Address P.O. BOX 272051  
City-State-Zip: TAMPA FL 33688-2051

Title MANAGER  
Name STANLEY, KEN  
Address PO BOX 272051  
City-State-Zip: TAMPA FL 33688-2051

Title MANAGER  
Name CHRISTENSEN, DAVID  
Address PO BOX 272051  
City-State-Zip: TAMPA FL 33688-2051

Title MANAGER  
Name DONEY, DAVID  
Address PO BOX 272051  
City-State-Zip: TAMPA FL 33688-2051

Title MANAGER  
Name MILLER, DARREN  
Address PO BOX 272051  
City-State-Zip: TAMPA FL 33688-2051

Title MANAGER  
Name LATRONICA, ANTHONY  
Address PO BOX 272051  
City-State-Zip: TAMPA FL 33688-2051

*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:** DAVID A CHRISTENSEN

MANAGER

03/09/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date