

2024 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:

TALIAFERRO, TRICIA
5461 W WATERS AVE STE910
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: TRICIA TALIAFERRO

05/14/2024

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 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 OCHS, CHRISTOPHER
Address PO BOX 272051
City-State-Zip: TAMPA FL 33688-2051

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

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

Title DIRECTOR
Name TALIAFERRO, TRICIA
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

05/14/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date