

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L21000253534

**Entity Name:** TRIBAL DISORDER PRODUCTIONS LLC

**Current Principal Place of Business:**

5305 ISABELLE DR.  
TALLAHASSEE, FL 32305

**Current Mailing Address:**

5305 ISABELLE DR.  
TALLAHASSEE, FL 32305

**FEI Number:** 87-4793201

**Certificate of Status Desired:** No

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

PARSONS, LONGINEU JR.  
5305 ISABELLE DR.  
TALLAHASSEE, FL 32305 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 AMBR  
Name PARSONS, LONGINEU JR.  
Address 5305 ISABELLE DR.  
City-State-Zip: TALLAHASSEE FL 32305

Title AMBR  
Name FAISON, CORNELIUS E IV  
Address 2116 W AVENUE K14  
City-State-Zip: LANCASTER CA 93536

Title AMBR  
Name WHITE, CAREY  
Address 10 TURNSTONE ROAD  
City-State-Zip: ESSEX CT 06426

Title AMBR  
Name TOOKES, DARRYL  
Address 521 HAMPTON AVENUE  
City-State-Zip: TALLAHASSEE FL 32310

*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:** CORNELIUS E. FAISON IV

AMBR

03/22/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date