

**2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L21000306406

**Entity Name:** TCONLINESELLS LLC**Current Principal Place of Business:**10407 GLEN WILLOW LN  
TAMPA, FL 33647**Current Mailing Address:**10407 GLEN WILLOW LN  
TAMPA, FL 33647 US**FEI Number:** 87-1540103**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**HAVRE, BILL  
7901 4TH ST N  
STE 300  
ST. PETERSBURG, FL 33702 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                 | Title           | AMBR                 |
| Name            | CHAMBERS, TYLER A    | Name            | CHAMBERS, MELINDA G  |
| Address         | 10407 GLEN WILLOW LN | Address         | 10407 GLEN WILLOW LN |
| City-State-Zip: | TAMPA FL 33647       | City-State-Zip: | TAMPA FL 33647       |

*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:** MELINDA CHAMBERS**OWNER****03/30/2022**\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail\_\_\_\_\_  
Date