

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L21000424909

**Entity Name:** T.B INSULATION LLC

**Current Principal Place of Business:**

9312 ASHFIELD CT  
TAMPA, FL 33615

**Current Mailing Address:**

9312 ASHFIELD CT  
TAMPA, FL 33615

**FEI Number: 87-2938888**

**Certificate of Status Desired: Yes**

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

TORRES BATISTA, ELISEO Y  
9312 ASHFIELD CT  
TAMPA, FL 33615 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	Title	MANAGER
Name	TORRES BATISTA, ELISEO Y	Name	OCHOA LEYVA, DALIA
Address	9312 ASHFIELD CT	Address	9312 ASHFIELD CT
City-State-Zip:	TAMPA FL 33615	City-State-Zip:	TAMPA FL 33615

*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: ELISEO Y TORRES BATISTA**

**MRG**

**02/27/2024**

Electronic Signature of Signing Authorized Person(s) Detail

Date