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

SIGNATURE: TUSHAR AMBEGAOKER

Electronic Signature of Signing Authorized Person(s) Detail

Entity Name: TBMS REALTY HOLDINGS LLC

2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

Current Principal Place of Business:

11595 48TH AVE N. ST PETERSBURG, FL 33708

DOCUMENT# L22000015357

Current Mailing Address:

11595 48TH AVE N. ST PETERSBURG, FL 33708

FEI Number: 92-2034875

Name and Address of Current Registered Agent:

AMBEGAOKER, TUSHAR S 11595 48TH AVE N. ST PETERSBURG, FL 33708 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:

Auth

Title	MGR	Title	MGR
Name	AMBEGAOKER, TUSHAR S	Name	TBMS REVOCABLE TRUST II
Address	11595 48TH AVE N.	Address	16872 BOLD VENTURE DR.
City-State-Zip:	ST PETERSBURG FL 33708	City-State-Zip:	LEESBURG VA 20176

	Electronic Signature of Registered Agent			
norized Person(s) Detail :				
	MGR	Title	MGR	
e	AMBEGAOKER, TUSHAR S	Name	TBMS REVOCABLE TRUST II	
ess	11595 48TH AVE N.	Address	16872 BOLD VENTURE DR.	

that my name appears above, or on an attachment with all other like empowered. 01/30/2023

MANAGING MEMBER

Date

FILED Jan 30, 2023 Secretary of State 7918690868CC

Certificate of Status Desired: No

Date