

2024 FLORIDA LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# L23000490000

Entity Name: BTB MANAGEMENT, LLC

Current Principal Place of Business:

5609 AMERICAN CIR
DELRAY BEACH, FL 33484

Current Mailing Address:

5300 W. HILLSBORO BLVDSTE 105
COCONUT CREEK, FL 33073 US

FEI Number: 93-4126794

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

TAX SECRETS, INC
5300 W. HILLSORO BLVD STE 105
COCONUT CREEK, FL 33073 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 | MANAGER |
| Name | INVEST FOREVER 1990, LLC | Name | SILVA, THIAGO P |
| Address | 1309 COFFEEN AVE STE 1200 | Address | 5300 W. HILLSBORO BLVDSTE 105 |
| City-State-Zip: | SHERIDAN WY 82801 | City-State-Zip: | COCONUT CREEK FL 33073 |
| | | | |
| Title | MANAGER | | |
| Name | SILVA, ELIAS M | | |
| Address | 5300 W. HILLSBORO BLVDSTE 105 | | |
| City-State-Zip: | COCONUT CREEK FL 33073 | | |

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: ELIAS SILVA

MANAGER

05/07/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date