

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L98000003465

**Entity Name:** TLM INVESTMENTS, LLC**Current Principal Place of Business:**6509 HAZELTINE NATIONAL DR.  
SUITE 6  
ORLANDO, FL 32822**Current Mailing Address:**6509 HAZELTINE NATIONAL DR.  
SUITE 6  
ORLANDO, FL 32822**FEI Number:** 59-3550627**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**BARROW, SHAWN  
6509 HAZELTINE NATIONAL DR.  
SUITE 6  
ORLANDO, FL 32822 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  
Name LEE, THOMAS G II  
Address 6509 HAZELTINE NATIONAL DR.,  
SUITE 6  
City-State-Zip: ORLANDO FL 32822

Title VP  
Name JOHNSON, RANDALL  
Address 6509 HAZELTINE NATIONAL DR.  
SUITE 6  
City-State-Zip: ORLANDO FL 32822

Title VP  
Name JOHNSON, MICHELLE  
Address 6509 HAZELTINE NATIONAL DR. STE  
6  
City-State-Zip: ORLANDO FL 32822

Title VP  
Name BARROW, SHAWN  
Address 6509 HAZELTINE NATIONAL DR.  
SUITE 6  
City-State-Zip: ORLANDO FL 32822

Title VP  
Name BARROW, LORRAYNE  
Address 6509 HAZELTINE NATIONAL DR. STE  
6  
City-State-Zip: ORLANDO FL 32822

*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:** SHAWN BARROW

MGR

01/03/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date