	IFORM BUSIN	1	* # 14					
DOCUMENT # LOOOOOO5114 1. Entity Name TFBS ENTERPRISES, L.L.C.					03 FEB -4	ED amio: i i		
Principal Place	of Business	Mailing Address			SECRE IARY ALLAHASSE	Die see		
2 N. PALAF e x St.		2 N. PALAFEX ST.		17	ALLAHASSE	F. FLOOR	٨	
Pensacola FL 32501 US		PENSACOLA FL 32501 US		1 14 11 11 11 11 11 11 11			i Bisi (116)	
	(Dalassa	3. Mailing Address						
2. Principal Place of Business					#### ##### ##### #####	1 20101 6 1721 (1891 11911		
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		CHECK HERE IF MAKING CHANGES			
City & State		City & State		4. FEI Number 5	9-3649194	<u> </u>	lied For Applicable	
Zip Country		Zip Country		5. Certificate of Stat	tus Desired	\$5.00 Addit		
	6. Name and Address of Curr	rent Registered Agent		7. Name and Addre	ess of New Register	ed Agent		
		Name	Name					
	rory, sondra Palafox St.		Street Address		(P.O. Box Number is Not Acceptable)			
	SACOLA FL 32501						<u>-</u>	
			City		- 1	FL Zip Code		
<u> </u>	named entity submits this stateme	V de la companya de l	to registered office or registe	ered agent, or both, in th	-		ind accept	
The above the obligati	named entity submits this stateme ons of registered agent.	ent for the purpose of changing in	is registered office of registe	sied agoni, or bour, in a				
SIGNATURE -				t to scientifical		ATE		
SIGNATORIC -	Signature, typed or printed name of registered		TE: Registered Agent signature requir			- - -		
1		Make Check Paya	NOW!!! FEE IS \$50.00 ble to Florida Departm ue By May 1, 2003	ent of Şiet 9 5/03	011799 01014001	1182 1 **55.00		
9.	MANAGING ME	MBERS/MANAGERS	10.		ADDITIONS/CHAN			
TITLE	MGR	☐ Delete	TITLE			☐ Change	☐ Addition	
NAME	BELL, SCOTT J		NAME STREET ADDRESS					
STREET ADDRESS CITY-ST-ZIP	2 N. PALAF e x St. Pensacola Fl 32501		CITY-ST-ZIP					
TITLE	PENOACOLA TE OZOUT	☐ Delete	TITLE			☐ Change	Addition Addition	
NAME			NAME STREET ADDRESS					
STREET ADDRESS CITY-ST-ZIP			CITY-ST-ZIP					
TITLE		☐ Delete	TITLE			Change	☐ Addition	
NAME			NAME CTREET ADDRESS					
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS City-St-Zip					
TITLE		Delete	TITLE			Change	Addition	
NAME			NAME OXPOST ADDRESS					
STREET ADDRESS			STREET ADDRESS CITY-ST-ZIP					
CITY-ST-ZIP		□ Delete	TITLE	<u></u>		☐ Change	Addition	
NAME	•		NAME		λA	THOMAS		
STREET ADDRESS			STREET ADDRESS CITY-ST-ZIP		141	•		
CITY-ST-ZIP		Delete	TITLE			☐ Change	Addition	
TITLE NAME		<u> </u>	NAME					
STREET ADDRESS			STREET ADDRESS CITY-ST-ZIP					
CITY-ST-ZIP	certify that the information supplies	at with this filling does not qualify		Section 119.07(3)(i), Flo	orida Statutes. I furth	er certify that the i	nformation	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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 608, Florida Statutes.

SIGNATURE:

SIGEMULE REQUIRED

DOR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

1/7/03

850-1132-0650 Daytime Phone #