

**LIMITED LIABILITY COMPANY  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 01, 2002 8:00 am**  
**Secretary of State**

04-01-2002 90727 038 \*\*\*\*50.00

DOCUMENT # **L010000013184**  
1. Entity Name  
**TL HOFFMANN, LLC**

**DO NOT WRITE IN THIS SPACE**

**B0054613**

2. Principal Place of Business  
**443 Kimberly Dr.**  
Suite, Apt. #, etc.

3. Mailing Address  
**Same**  
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State  
**Melbourne, FL**  
Zip  
**32940** Country  
**USA**

City & State  
Zip Country

4. FEL Number  
**59-3738201** Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$5.00** Additional Fee Required

**DO NOT WRITE IN THIS SPACE**

7. Name and Address of Current Registered Agent  
Name  
**Daniel S. Frichis**  
Address (P.O. Box Number is Not Acceptable)  
**3840 Turtle Creek Dr.**  
**Suite B-1**  
City & State  
**Port Orange FL 32127**

8. 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent, and title if applicable.

**FEE IS \$50.00**  
**Make Check Payable to Department of State**  
**DUE BY MAY 1**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>Pres</b> <b>Traci L. Hoffman</b> <b>443 Kimberly Dr</b> <b>Melbourne, FL 32940</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>Vice Pres.</b> <b>Michael J. Hoffmann</b> <b>443 Kimberly Dr</b> <b>Melbourne, FL 32940</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE IN THIS SPACE**

CR2E083B (12/01)

11. 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: **Traci Hoffman** **3/22/02 321431-8340**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #