

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L04000041776

Entity Name: T.F. & S - LLC

**FILED**  
**Apr 27, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

418 JOE ANDERSON RD  
DEFUNIAK SPRINGS, FL 32433

**New Principal Place of Business:**

**Current Mailing Address:**

418 JOE ANDERSON RD  
DEFUNIAK SPRINGS, FL 32433

**New Mailing Address:**

FEI Number: 14-1909484

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

RICHARD, TODD D  
418 JOE ANDERSON RD  
DEFUNIAK SPRINGS, FL 32433 US

**Name and Address of New Registered Agent:**

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

**MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: RICHARD, TODD D  
Address: 418 JOE ANDERSON RD  
City-St-Zip: DEFUNIAK SPRINGS, FL 32433

Title: MGRM  
Name: RICHARD J.R., TODD D MGRM  
Address: 418 JOE ANDERSON RD  
City-St-Zip: DEFUNIAL SPRINGS, FL 32433 US

Title: MGRM  
Name: WILLIAMS, JUTSON A  
Address: 166 TRI ROSE WAY  
City-St-Zip: DEFUNIAK SPRINGS, FL 32433 US

I hereby certify that the information indicated on this 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 608, Florida Statutes.

SIGNATURE: TODD RICHARD

MGR

04/27/2012

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date