

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L06000036945

**FILED**  
**Jan 11, 2012**  
**Secretary of State**

**Entity Name:** TFBS CONTRACTING, LLC

**Current Principal Place of Business:**

2 NORTH PALAFOX ST.  
PENSACOLA, FL 32502

**New Principal Place of Business:**

754 PEAKES POINT DRIVE  
GULF BREEZE, FL 32561 UN

**Current Mailing Address:**

2 NORTH PALAFOX ST.  
PENSACOLA, FL 32502

**New Mailing Address:**

754 PEAKES POINT DRIVE  
GULF BREEZE, FL 32561 UN

**FEI Number:** 59-3757479

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

HIGHTOWER, DAVID  
2 NORTH PALAFOX ST.  
PENSACOLA, FL 32502 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: MR.  
Name: BELL, SCOTT J  
Address: 2 N. PALAFOX STREET  
City-St-Zip: PENSACOLA, FL 32502

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: SCOTT J. BELL

MR.

01/11/2012

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