FILE NOW: Fee after May 1, will be \$588.75

TILL NOW: Tecantermay 1, will be weed 1.70											
LIMITE	LORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS				FILED						
FILING FEE Annual Report \$100.00 + \$103.75 Corporation Supplemental Fee \$203.75 Make Check Payable To: FLORIDA DEPARTMENT OF STATE								97 FEB 10 AM II: 02			
1 Name and Mailing Address of Limited Liability Company DOCUMENT #200202								ULIONE FACTOR STATE			
T.B.F., L.C. 24060 DEER RUN ROAD BROOKSVILLE FL 34601								1a. Principal Place of Business Address 24060 DEER RUN ROAD BROOKSVILLE FL 34601			
If above mailing address is incorrect in any way, line through incorrect information and enter correction in Block 2a. 2. Principal Place of Business 2a. Malling Address								3. Date Organize	ed or Qualified	3a. State	of Formation
								03/27/199		FL	
Suite, Apt.		Suite, Apt. #, etc.				4. FEI Number		!	Applied For		
City & State			City & State					59-3020147 Not Applicable 5. Date of Last Report 6. Certificate of Status Desired			
Zip	Country Zip			Counti	ry	02/15/19		St. co. Av.		tional Lee Required	
	7. Name and	Address of Current	Registered	Agent				8. Name and Add		glatered A	gent
BRONSON, T.E. 24000 DEER RUN DR BROOKSVILLE FL 34601						Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc.					
					City			FL	Zip Code	, , , , , , , , , , , , , , , , , , , ,	
9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company submits this statement for the purpose of changing its registered agent or both, in the State of Florida. Such change was authorized by affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the appointment as registered agent, and accept the appointment. SIGNATURE (Registered Agent Accepting Appointment) (NOTE Registered Agent signature required when reinstating)											
10. Title	Managir	ng Members/Manager	rs .		Busine	ess Street	t Address		City	, State and	Zip Code
1	BRONSON, IBF ENTEF	THOMAS E.	:	4060 4060	DEER DEER				ROOKSV		
Indicated	on this annual report	t is true and accurate :	and that my s	sionature sh	all have the	same lea	al effect a	ection 119.07(3) (i), I	Florida Statutes.	Ifurther ceinaging mer	会16
imited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes; and that my name appears in Block 10, or on an attachment with an address. SIGNATURE; SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Date Date Description of the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes; and that my name appears in Block 10, or on an attachment with an address.											