

**2013 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L01000002868

**Entity Name:** T OF B, LLC

**Current Principal Place of Business:**

7519 PENNSYLVANIA AVENUE  
SUITE 102  
SARASOTA, FL 34243

**Current Mailing Address:**

7519 PENNSYLVANIA AVENUE  
SUITE 102  
SARASOTA, FL 34243

**FEI Number:** 38-3341697

**Certificate of Status Desired:** No

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

PRICE, BEN E MANAGING MEMBER  
7519 PENNSYLVANIA AVENUE  
SUITE 102  
SARASOTA, FL 34243 US

*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:** BEN E. PRICE

**04/26/2013**

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

|                 |                                    |
|-----------------|------------------------------------|
| Title           | MGRM                               |
| Name            | PRICE, BEN E                       |
| Address         | 7519 PENNSYLVANIA AVENUE SUITE 102 |
| City-State-Zip: | SARASOTA FL 34243                  |

|                 |                                    |
|-----------------|------------------------------------|
| Title           | MEMBER                             |
| Name            | PRICE, BARBARA J MEMBER            |
| Address         | 7519 PENNSYLVANIA AVENUE SUITE 102 |
| City-State-Zip: | SARASOTA FL 34243                  |

*I hereby certify that the information indicated on this report or supplemental 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; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** BEN E PRICE

**MANAGING MEMBER**

**04/26/2013**

Electronic Signature of Signing Authorized Person(s) Detail

Date