

**2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L06000057807

**Entity Name:** THE THOMAS FAMILY ENTERPRISES "LLC"

**Current Principal Place of Business:**

19370 OLIVER STREET  
BROOKSVILLE, FL 34601

**Current Mailing Address:**

19370 OLIVER STREET  
BROOKSVILLE, FL 34601 US

**FEI Number:** 01-0868164

**Certificate of Status Desired:** No

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

MYERS BUSINESS SERVICES, INC.  
624 DECATUR AVENUE  
BROOKSVILLE, FL 34601-3236 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:** GREG K. MYERS

02/19/2019

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title AUTHORIZED REPRESENTATIVE,  
AUTHORIZED MEMBER  
Name THOMAS, EMILY K  
Address 19370 OLIVER STREET  
City-State-Zip: BROOKSVILLE FL 34601

Title AUTHORIZED REPRESENTATIVE,  
AUTHORIZED MEMBER  
Name THOMAS, CURTIS D  
Address 19370 OLIVER STREET  
City-State-Zip: BROOKSVILLE FL 34601

Title AUTHORIZED REPRESENTATIVE,  
AUTHORIZED MEMBER  
Name THOMAS, ACHILLES  
Address 19370 OLIVER STREET  
City-State-Zip: BROOKSVILLE FL 34601

*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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** ACHILLES THOMAS

CFO

02/19/2019

Electronic Signature of Signing Authorized Person(s) Detail

Date