

2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000057807

Entity Name: THE THOMAS FAMILY ENTERPRISES "LLC"**Current Principal Place of Business:**17109 OLD AYERS RD
BROOKSVILLE , FL 34604**Current Mailing Address:**17109 OLD AYERS RD
BROOKSVILLE, FL 34604 US**FEI Number:** 01-0868164**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**GRAY & GRAY AND ASSOCIATES, CPAS
4021 MARINER BLVD
SPRING HILL, FL 34609 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:** ERIN MIKE-MAYER, CPA. PFS, TAX MANAGER

04/26/2023

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title AUTHORIZED REPRESENTATIVE,
AUTHORIZED MEMBER

Name THOMAS, EMILY

Address 17109 OLD AYERS RD

City-State-Zip: BROOKSVILLE FL 34604

Title AUTHORIZED REPRESENTATIVE,
AUTHORIZED MEMBER

Name THOMAS, CURTIS D

Address 17109 OLD AYERS RD

City-State-Zip: BROOKSVILLE FL 34604

Title AUTHORIZED REPRESENTATIVE,
AUTHORIZED MEMBER

Name THOMAS, ACHILLES

Address 17109 OLD AYERS RD

City-State-Zip: BROOKSVILLE FL 34604

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 THOMASAUTHORIZED
REPRESENTATIVE

04/26/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date