

2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L12000062000

Entity Name: TL FL, LLC**Current Principal Place of Business:**50 HUDSON BLUFFS
TIVOLI, NY 12583**Current Mailing Address:**PO BOX 483
50 HUDSON BLUFFS
TIVOLI, NY 12583**FEI Number:** 45-5252274**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**NATIONAL CORPORATE RESEARCH, LTD., INC.
155 OFFICE PLAZA DRIVE
TALLAHASSEE, FL 32301 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:**_____
Electronic Signature of Registered Agent_____
Date**Authorized Person(s) Detail :**

Title	MGRM
Name	BARIGHT, RICHARD S
Address	PO BOX 483, 50 HUDSON BLUFFS
City-State-Zip:	TIVOLI NY 12583

Title	MGRM
Name	BARIGHT, CARLEEN S
Address	PO BOX 483, 50 HUDSON BLUFFS
City-State-Zip:	TIVOLI NY 12583

Title	MEMBER
Name	BARIGHT, TODD
Address	83 APPLE RING RD
City-State-Zip:	RED HOOK NY 12571

Title	MEMBER
Name	BARIGHT, GARY
Address	7 CURTIN COURT
City-State-Zip:	WAPPINGERS FALLS NY 12590

Title	MEMBER
Name	BARIGHT, SCOTT
Address	9 RADCLIFF DRIVE
City-State-Zip:	HOPEWELL JUNCTION NY 12533

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: RICHARD BARIGHT

MEMBER

03/17/2014

Electronic Signature of Signing Authorized Person(s) Detail_____
Date