|                                       | J  |                                       |  |     |
|---------------------------------------|--|---------------------------------------|--|-----|
| 712 NW 2                              | 27TH AVE   |                                       |  |     |
| FT LAUD                               | ERDALE, FL 33311                                       |                                       |  |     |
|                                       |  |                                       |  |     |
| FEI Num                               | per: 47-2034196  |                                       | Certificate of Status Desired: No                |     |
| Name and                              | d Address of Current Registered Ag                     | jent:                                 |  |     |
| DALEY, SIL<br>712 NW 271<br>FT LAUDER |  |                                       |  |     |
| The above na                          | med entity submits this statement for the purpose of a | changing its registered office or reg | istered agent, or both, in the State of Florida. |     |
| SIGNATURE: SILVESTER DALEY            |  |                                       | 02/08/20   | 024 |
|                                       | Electronic Signature of Registered Agen                | t                                     | Date   |     |
| Authorize                             | ed Person(s) Detail :                                  |                                       |  |     |
| Title                                 | AMBR   | Title                                 | AMBR   |     |
| Name                                  | DALEY, SILVESTER A                                     | Name                                  | FERGUSON-DALEY, SHARON DP                        |     |
| Address                               | 712 NIW 27TH AVE                                       | Address                               | 712 NW 27TH AVE                                  |     |

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. 02/08/2024

AMBR

SIGNATURE: SILVESTER A DALEY

Electronic Signature of Signing Authorized Person(s) Detail

Address 712 NW 27TH AVE City-State-Zip: FT LAUDERDALE FL 33311

2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

#### DOCUMENT# L14000157152

# Entity Name: TOWER HAULING LLC

# **Current Principal Place of Business:**

712 NW 27TH AVE FT LAUDERDALE, FL 33311

### **Current Mailing Address:**

# Feb 08, 2024 **Secretary of State** 6710195555CC

FILED

Address 712 NW 27TH AVE City-State-Zip: FT LAUDERDALE FL 33311

Date