

2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L17000063721

Entity Name: TLI - ENTERPRISE LLC**Current Principal Place of Business:**133 NW 84TH ST
GAINESVILLE, FL 32607**Current Mailing Address:**133 NW 84TH ST
GAINESVILLE, FL 32607 US**FEI Number:** 81-1318471**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**HAGLEY, YOLANDA COLLINS
133 NW 84TH ST.
GAINESVILLE, FL 32607 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:** YOLANDA COLLINS HAGLEY

04/29/2022

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title AMBR
Name HAGLEY, YOLANDA COLLINS
Address 133 NW 84TH ST
City-State-Zip: GAINESVILLE FL 32607

Title AMBR
Name FLUELLEN, CURTIS L
Address 133 NW 84TH ST.
City-State-Zip: GAINESVILLE 32607

Title MBR
Name HAGLEY, MARLIA F
Address 133 NW 84TH ST
City-State-Zip: GAINESVILLE FL 32607

Title MBR
Name HAGLEY, SHARIA M
Address 133 NW 84TH ST
City-State-Zip: GAINESVILLE FL 32607

Title MBR
Name HAGLEY, KEESIA R
Address 133 NW 84TH ST
City-State-Zip: GAINESVILLE FL 32607

Title AUTHORIZED MEMBER
Name CRUM, GENNIE
Address 10475 COLLINS FIELD CIRCLE
City-State-Zip: JACKSONVILLE FL 32222

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: YOLANDA HAGLEY**AUTHORIZED MEMBER**

04/29/2022

Electronic Signature of Signing Authorized Person(s) Detail

Date