

2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L17000168454

Entity Name: TTM&B LLC**Current Principal Place of Business:**4807 N CENTRAL AVE
TAMPA, FL 33603**Current Mailing Address:**4807 N CENTRAL AVE
TAMPA, FL 33603**FEI Number:** 82-2432331**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**WATSON, MICHELLE R
970 LAKE CARILLON DRIVE
SUITE 300
ST PETERSBURG, FL 33716 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	MGR
Name	SEUFERT, BRIAN D
Address	6608 TWELVE OAKS BLVD
City-State-Zip:	TAMPA FL 33634

Title	MGR
Name	SEUFERT, NANCY M
Address	6608 TWELVE OAKS BLVD
City-State-Zip:	TAMPA FL 33634

Title	MBR
Name	SEUFERT, ALEXANDER M
Address	4807 N CENTRAL AVE
City-State-Zip:	TAMPA FL 33603

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: BRIAN D SEUFERT

MGR

02/14/2021

Electronic Signature of Signing Authorized Person(s) Detail_____
Date