I hereby certify that the information indicated on this report or supplemental report is true and accurate an	nd that my electronic signature shall have the sar	me 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: WILLIAM J CASEY	MANAGER	03/10/2022		

SIGNATURE: WILLIAM J CASEY

Electronic Signature of Signing Authorized Person(s) Detail

5901 SILVER OAK DRIVE FORT PIERCE, FL 34982

# **Current Mailing Address:**

5901 SILVER OAK DRIVE FORT PIERCE, FL 34982

### FEI Number: 82-3914965

#### Name and Address of Current Registered Agent:

CASEY, WILLIAM J 5901 SILVER OAK DRIVE FORT PIERCE, FL 34982 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

### Authorized Person(s) Detail :

Title	MGR	Title	MGR
Name	CASEY, WILLIAM J	Name	PALESTRANT, KENNETH J M.D.
Address	5901 SILVER OAK DRIVE	Address	2504 NE EVINRUDE CIR
City-State-Zip:	FORT PIERCE FL 34982	City-State-Zip:	JENSEN BEACH FL 34957-3005

2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

### DOCUMENT# L18000004236

**Current Principal Place of Business:** 

# Entity Name: TREASURE COAST INVESTMENT & LENDING GROUP, LLC

## Mar 10, 2022 Secretary of State 6518236037CC

Certificate of Status Desired: No

FILED

Date

Date