

**2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L18000288030

**Entity Name:** THREEONEFOUR LLC

**Current Principal Place of Business:**

46 SW 1ST AVE  
UNIT 200  
OCALA, FL 34471

**Current Mailing Address:**

PO BOX 1563  
OCALA, FL 34471

**FEI Number:** 83-2891057

**Certificate of Status Desired:** No

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

MCDONALD, TOM  
46 SW 1ST AVE  
UNIT 200  
OCALA, FL 34471 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 MCDONALD, TOM  
Address 46 SW 1ST AVE  
UNIT 200  
City-State-Zip: Ocala FL 34471

*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:** TOM MCDONALD

MGR

06/16/2020

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date