| DANIEL, THOMAS K DR.<br>14645 DEACON CT<br>SPRING HILL, FL 34609 US<br>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:  | THOMAS K DANIEL                          |         |                 | 02/19/2022 |
|   | Electronic Signature of Registered Agent |         |                 | Date       |
| Authorized Person(s) Detail :   |  |         |                 |            |
| Title   | MGR                                      | Title   | MGR             |            |
| Name  | DANIEL, THOMAS K DR.                     | Name    | JACOB, TINI DR. |            |
| Address   | 14645 DEACON CT                          | Address | 14645 DEACON CT |            |

# **Current Mailing Address:**

14645 DEACON CT SPRING HILL, FL 34609

#### FEI Number: 83-4213595

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

City-State-Zip: SPRING HILL FL 34609

## 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: THOMAS K DANIEL

MGR

02/19/2022

2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

## Entity Name: THOMAS&TINI LLC

DOCUMENT# L19000083436

#### **Current Principal Place of Business:**

214-216 CRYSTAL GROVE BLVD LUTZ. FL 33548

City-State-Zip: SPRING HILL FL 34609

Electronic Signature of Signing Authorized Person(s) Detail

## FILED Feb 19, 2022 Secretary of State 2062345539CC

Certificate of Status Desired: No