

**2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L20000212029

**Entity Name:** TRUE LIFE MOVERS TAMPA LLC

**Current Principal Place of Business:**

104 E FOWLER AVE  
STE 207  
TAMPA, FL 33612

**Current Mailing Address:**

PO BOX 8573  
WARNER ROBINS, GA 31095

**FEI Number:** 85-2446101

**Certificate of Status Desired:** No

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

LITTLE, JOY  
104 E FOWLER  
STE 207  
TAMPA, FL 33612 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 LITTLE, MICHAEL  
Address 800 LEISURE LAKE DRIVE APT 8A  
City-State-Zip: WARNER ROBINS GA 31088

*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:** MICHAEL LITTLE

**MANAGER**

**02/05/2021**

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

\_\_\_\_\_  
Date