

**2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L20000376521

**Entity Name:** TBA CUTS LLC

**Current Principal Place of Business:**

114 W. 1ST ST STE 218  
SANFORD, FL 32771

**Current Mailing Address:**

114 W. 1ST ST STE 218  
SANFORD, FL 32771 US

**FEI Number:** 85-4230866

**Certificate of Status Desired:** No

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

ANTONIK, TROY M  
114 W. 1ST ST STE 218  
SANFORD, FL 32771 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	Title	MANAGER
Name	ANTONIK, TROY M	Name	BITTNER, ADRIAN
Address	114 W. 1ST ST STE 218	Address	114 W. 1ST ST STE 218
City-State-Zip:	SANFORD FL 32771	City-State-Zip:	SANFORD FL 32771

*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:** TROY ANTONIK

MANAGER

04/29/2021

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

\_\_\_\_\_  
Date