## 2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L21000132827

Entity Name: TBU USL2 LLC

**Current Principal Place of Business:** 

5461 W WATERS AVE STE 910

TAMPA, FL 33634

Current Mailing Address:

PO BOX 272051

TAMPA. FL 33688-2051 US

FEI Number: 86-2979712 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

TALIAFERRO, TRICIA 5461 W WATERS AVE STE 910 TAMPA, FL 33634 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: TRICIA TALIAFERRO 05/14/2024

Electronic Signature of Registered Agent

Date

FILED May 14, 2024

**Secretary of State** 

9896429249CC

Authorized Person(s) Detail :

Title MANAGER Title MANAGER

Name SAKALOSKY, MARK Name CHRISTENSEN, DAVID

Address P.O. BOX 272051 Address PO BOX 272051

City-State-Zip: TAMPA FL 33688-2051 City-State-Zip: TAMPA FL 33688-2051

Title MANAGER Title MANAGER

Name DONEY, DAVID Name OCHS, CHRISTOPHER

Address PO BOX 272051 Address PO BOX 272051

City-State-Zip: TAMPA FL 33688-2051 City-State-Zip: TAMPA FL 33688-2051

Title MANAGER Title MANAGER

Name OSTERWEIL, DAVID Name ROMERO, MARCIA
Address PO BOX 272051 Address PO BOX 272051

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City-State-Zip: TAMPA FL 33688-2051

City-State-Zip: TAMPA FL 33688-2051

City-State-Zip: TAMPA FL 33688-2051 City-State-Zip: TAMPA FL

Title DIRECTOR

Name TALIAFERRO, TRICIA

Address PO BOX 272051

City-State-Zip: TAMPA FL 33688-2051

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: DAVID A CHRISTENSEN MANAGER 05/14/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date