UCC-1 Form

FILER INFORMATION

Full name: **WOLTERS KLUWER LIEN SOLUTIONS**

Email Contact at Filer: **CTLSWEBACK@WOLTERSKLUWER.COM**

SEND ACKNOWLEDGEMENT TO

Contact name: **LIEN SOLUTIONS**

Mailing Address: **P.O. BOX 29071**

City, State Zip Country: **GLENDALE, CA 91209-9071 USA**

DEBTOR INFORMATION

Org. Name: **TONDRE, LLC**

Mailing Address: **2280 KINGSCREST CIR**

City, State Zip Country: **APOPKA, FL 32712-1940 USA**

Last Name (i.e. Family Name or Surname): **TONDRE, LLC** *First Name:* **EUGENE** *Middle Name:* **LEON MATTHEW**

Mailing Address: **2280 KINGSCREST CIR**

City, State Zip Country: **APOPKA, FL 32712-1940 USA**

Org. Name: **TRIANGLE CLEANSERS & TAILORS, INC**

Mailing Address: **148 W RIVER ST STE 1**

City, State Zip Country: **PROVIDENCE, RI 02904 USA**

Org. Name: **GTI GROUP, LLC**

Mailing Address: **518 77TH AVENUE**

City, State Zip Country: **BOCA RATON, FL 33433 USA**

Org. Name: **TFT INTERIORS THE FINISH TOUCH INTERIORS**

Mailing Address: **2280 KINGSCREST CIR**

City, State Zip Country: **APOPKA, FL 32712 USA**

SECURED PARTY INFORMATION

Org. Name: **CT CORPORATION SYSTEM, AS REPRESENTATIVE**

Mailing Address: **330 N BRAND BLVD, SUITE 700: ATTN: SPRS**

City, State Zip Country: **GLENDALE, CA 91203 USA**

TRANSACTION TYPE: STANDARD

CUSTOMER REFERENCE: RI-0-96442170-68093084

COLLATERAL

ALL BANK ACCOUNTS, INCOME, AND ACCOUNTS RECEIVABLE.