

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 09, 2005 08:00 AM
Secretary of State

DOCUMENT # L00000007877

1. Entity Name
TEAMS, LLC



Principal Place of Business
802 STERTHAUS AVENUE, SUITE C
ORMOND BEACH, FL 32174

Mailing Address
802 STERTHAUS AVENUE, SUITE C
ORMOND BEACH, FL 32174



DO NOT WRITE IN THIS SPACE

03072005No Chg-LLC

CR2E083 (10/03)

4. FEI Number
59-3659618

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

MAKOWSKI, MICHAEL K MD
802 STERTHAUS AVENUE, SUITE C
ORMOND BEACH, FL 32174

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$50.00
Due by May 1, 2005**

000000256948
03/09/05-80033-012 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	MAKOWSKI, MICHAEL K
STREET ADDRESS	802 STERTHAUS AVE., SUITE C
CITY-ST-ZIP	ORMOND BEACH, FL 32174

TITLE	
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STREET ADDRESS	
CITY-ST-ZIP	

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IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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 608, Florida Statutes.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

3/7/05
Date

(386) 672-4244
Daytime Phone #