2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Jun 12, 2008 8:00 am Secretary of State

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DOCUMENT # L03000019734 1. Entity Name TAMPA'S MAINTENANCE SERVICE, L.L.C.						06-12-20	008 90122 013 ***	1 38.75
Principal Place of Business Mailing Address								
*		5414 LAKE LECLARE RD		1				
5414 LAKE LECLARE RD Lutz, Fl 33558		LUTZ, FL 33558				50007052		
2012,12 00		2012/12 00000				A MARAA ANIDA ATUR BANKA A	****	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address						
Suite, Apt, #, etc.		Suite, Apt. #, etc.		06092008	Chg-LLC	CR2E083 (12/06)	
City & State		City & State		4. FEI Numb		<u> </u>	Applied For	
Zip	Country	Zip Country		1	of Status Desired	S5.00 Ac	ditional	
	6. Name and Address of Current	Registered Agent			7. Name and	Address of New	Registered Agent	
o. Harris and Address of Variety Registros Agent				Name				
PEREZ, ELISA ELVIRA			-	Street Address (P.O. Box Number is Not Acceptable)				
	E LECLARE RD		Street Address ((P.O. Bax Numb	er is Not Acceptat	16)	
LUTZ, FL	\$							
			City		Zip Code			
	named entity submits this statement to	or the purpose of changing its	registered	d office or registe	red agent, or bo	th, in the State of F		n, and accept
the obligati	ions of registered agent.							
SIGNATURE .								<u> </u>
·	Signature, typed or printed name of registered agent	and life if applicable. (NO FE						
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	E NOW!!! FEE IS \$138.75 by September 12, 2008	In accordance with s liability company did	s. 607.19	93(2)(b), F.S., th	ne limited		oke check payable to da Department of Sta	ite
		In accordance with s liability company did	s. 607.19	93(2)(b), F.S., th	ne limited	Florid	ike check payable to da Department of Sta	ite
Due	by September 12, 2008	In accordance with s liability company did	s. 607.19 I not rece	93(2)(b), F.S., th	ne limited	Florid	ike check payable to da Department of Sta B/CHANGES	
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indicated on this report is true and accurate the hat 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 of the reflective or rustee improved to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

NTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

<u>06 · 09 · 2008</u>

Daytime Phone #