2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

SIGNATURE: SIGNATURE OF PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

FILED Jun 14, 2007 8:00 am Secretary of State

	ANNUAL	KEPUKI			SCCICE	ary ur s	uate
DOCUI 1. Entity Nam TLSY, LL		934			05-02-200	7 90351 008 ***	*50.00
Principal Place of Business 117 ORTEGA PLACE NORTH PORT, FL 34287		Mailing Address 117 ORTEGA PLACE NORTH PORT, FL 34287					
2. Principal Place of Business - No P.O. Box #		3. Mailing Address 9016 Hilolo Lane					
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		06042007	Chg-LLC	CR2E083 (12/06)	
City & State		City & State Venice FL		4. FEI Num 20 -	5127731	<u> </u>	oplied For ot Applicable
Zip	Country	^{Zip} 34293	Country U.S.A	5. Certifica	te of Status Desired	□ \$5.00 Add Fee Require	
	6. Name and Address of Current	Registered Agent		7. Name a	d Address of New Re	egistered Agent	
MIRONENKO, ANATOLY 117 ORTEGA PLACE NORTH PORT, FL 34287		Street Address (Address (P.O. Box Num	(P.O. Box Number is Not Acceptable)		
			City			FL Zip Code	e
	named entity submits this statement for ions of registered agent.	r the purpose of changing its	registered office o	r registered agent, or t	ooth, in the State of Flor	rida. I am familiar with,	and accept
SIGNATURE .							
	Signature, typed or printed name of registered agent a	and title if applicable. (NOTE	E. Registered Agent signat	ture required when reinstating)	,	DATE	
Fil Due t	Signature, typed or printed name of registered agents ling Fee is \$50.00 by September 14, 2007	NOTE (NOTE	E, Regislered Agent signal	ture required when reinstating)	1	check payable to Department of State	G
Fil Due t	ling Fee is \$50.00		E. Registered Agent signer	ture required when remstating)	1	check payable to Department of State	0
Due t	ling Fee is \$50.00 by September 14, 2007			ture required when remstating)	Florida	check payable to Department of State	6 ☐ Addition
9. TITLE NAME STREET ADDRESS	ling Fee is \$50.00 by September 14, 2007 MANAGING MEMBE MGR MIRONENKO, ANATOLY 117 ORTEGA PLACE	RS/MANAGERS	10. TITLE NAME STREET ADDRESS	ture required when remstating)	Florida	check payable to Department of State	
9. IIILE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	MANAGING MEMBE MGR MIRONENKO, ANATOLY 117 ORTEGA PLACE NORTH PORT, FL 34287 MGR GULENKO, YURIY 2458 SALMISTA TERRACE	RS/MANAGERS	10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP		Florida	check payable to Department of State CHANGES Change	Addition
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9. IIILE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	MANAGING MEMBE MGR MIRONENKO, ANATOLY 117 ORTEGA PLACE NORTH PORT, FL 34287 MGR GULENKO, YURIY 2458 SALMISTA TERRACE NORTH PORT, FL 34287 MGR KORSUEIAN/SARKIS 9016 HILOLO LANE VENICE, FL 34293 MGR DOROSHENKO, LARYSA 2458 SALMISTA TERRACE	RS/MANAGERS Delete Delete Delete	10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP		ADDITIONS/	CHANGES Change Change Change	Addition Addition Addition Addition

Date

Daytime Phone #