

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000111106

Entity Name: TLD VENTURES LLC

FILED
Jan 15, 2009
Secretary of State

Current Principal Place of Business:

16 LAMSON ST
JACKSONVILLE, FL 32211

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 16466
JACKSONVILLE, FL 32245

New Mailing Address:

FEI Number: 77-0666076

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KOVER, WILLIAM T
16 LAMSON ST.
JACKSONVILLE, FL 32211 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

MANAGING MEMBERS/MANAGERS:

Title: P () Delete
Name: KOVER, WILLIAM T
Address: P.O. BOX 16466
City-St-Zip: JACKSONVILLE, FL 32245

Title: V () Delete
Name: KOVER, WANDA
Address: P.O. BOX 16466
City-St-Zip: JACKSONVILLE, FL 32245

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this 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 608, Florida Statutes.

SIGNATURE: WILLIAM T. KOVER

PRES

01/15/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date