

**2008 LIMITED LIABILITY COMPANY ANNUAL REPORT**


3/3

**FILED**  
**May 29, 2008 8:00 am**  
**Secretary of State**

03-31-2008 90272 031 \*\*\*138.75

**DOCUMENT # L07000121148**

1. Entity Name  
**TAMCO FINANCIAL SERVICES, LLC**



Principal Place of Business  
**4830 W KENNEDY BOULEVARD, STE 650B  
 TAMPA, FL 33609**

Mailing Address  
**4830 W KENNEDY BOULEVARD, STE 650B  
 TAMPA, FL 33609**

30007999



2. Principal Place of Business - No P.O. Box #  
 3. Mailing Address

Suite, Apt. #, etc.  
 Suite, Apt. #, etc.

City & State  
 City & State

Zip Country  
 Zip Country

02142008 Chg-LLC CR2E083 (12/08)

4. FEI Number  
**06-1546093**

Applied For  
 Not Applicable

5. Certificate of Status Desired  \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent  
**GOODWIN, JAMES W  
 201 NORTH FRANKLIN STREET, STE 2000  
 TAMPA, FL 33602**

7. Name and Address of New Registered Agent  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City FL Zip Code

I, 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and fee if applicable. (NOTE: Registered Agent signature required when retreating)

**FILE NOW!! FEE IS \$138.75**  
**After May 1, 2009 Fee will be \$538.75**

Make check payable to  
 Florida Department of State

B. MANAGING MEMBERS/MANAGERS		18. ADDITIONS/CHANGES	
TITLE CEO NAME JACK Thompson STREET ADDRESS 4830 W Kennedy Blvd #650 CITY-ST-ZIP Tampa FL 33609	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE President NAME DAVID Sowell STREET ADDRESS 4830 W. Kennedy Blvd #650 CITY-ST-ZIP Tampa FL 33609	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE RFO, Sec Treas NAME Todd C. Frankel STREET ADDRESS 4830 W. Kennedy Blvd #650 CITY-ST-ZIP Tampa FL 33609	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. I hereby certify that the information furnished with this filing does not qualify for the exemptions contained in Chapter 119, 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 register or trustee empowered to execute this report as required by Chapter 606, Florida Statutes.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature and typed or printed name of officer, managing member, manager, or authorized representative