

**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 28, 2004 8:00 am
Secretary of State

04-28-2004 90078 016 ****50.00

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1. Entity Name
TBH, LLC



Principal Place of Business

4500 PGA BLVD., STE. 207
PALM BEACH GARDENS, FL 33418

Mailing Address

4500 PGA BLVD., STE. 207
PALM BEACH GARDENS, FL 33418



02232004No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number

65-1137896

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

BRANDT, PHILLIP L
4500 PGA BLVD., STE. 207
PALM BEACH GARDENS, FL 33418

**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, 2004**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	TURTLE BEACH HOLDINGS, LP
STREET ADDRESS	2325 B RENAISSANCE DRIVE
CITY - ST - ZIP	LAS VEGAS, NV 89119
TITLE	MGR
NAME	DIVOSTA, OTTO B
STREET ADDRESS	4500 PGA BLVD., STE. 207
CITY - ST - ZIP	PALM BEACH GARDENS, FL 33418
TITLE	MGR
NAME	DIVOSTA, BETTY J
STREET ADDRESS	4500 PGA BLVD., STE. 207
CITY - ST - ZIP	PALM BEACH GARDENS, FL 33418
TITLE	MGR
NAME	BRANDT, PHILLIP
STREET ADDRESS	4500 PGA BLVD., STE. 207
CITY - ST - ZIP	PALM BEACH GARDENS, FL 33418
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

**DO NOT WRITE
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

Date

Daytime Phone #