

**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jun 28, 2004 08:00 AM
Secretary of State

DOCUMENT # L01000015956

1. Entity Name
TAMARIND LLC



Principal Place of Business
**1232 SOUTH VIEW DRIVE
SARASOTA, FL 34242**

Mailing Address
**1232 SOUTH VIEW DRIVE
SARASOTA, FL 34242**

DO NOT WRITE IN THIS SPACE



06032004 No Chg-LLC

CR2E063 (10/03)

4. FEI Number
52-2346775

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**KEBER, VINCENT M JR.
1232 SOUTH VIEW DRIVE
SARASOTA, FL 34242**

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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 September 8, 2004**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR KEBER, VINCENT M JR 1232 SOUTH VIEW DRIVE SARASOTA, FL 34242
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06/28/04-80001-004 50.00

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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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

6/24/04

Date

941-284-0971

Daytime Phone #