

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 07, 2006 08:00 AM
Secretary of State

DOCUMENT # L01000017292					
1. Entity Name TOB TRADE SHOW, LLC					
Principal Place of Business 1792 CRANBERRY ISLE WAY APOPKA, FL 32712			Mailing Address 1792 CRANBERRY ISLE WAY APOPKA, FL 32712		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		02202006 Chg-LLC CR2E083 (11/05)	
4. FEI Number 80-0005747				Applied For ☐ Not Applicable	
5. Certificate of Status Desired				☐ \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
BORES, DONALD J SR 1792 CRANBERRY ISLE WAY APOPKA, FL 32712			Name Street Address (P.O. Box Number is Not Acceptable) City		
FL			Zip Code		
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____					
Filing Fee is \$50.00 Due by May 1, 2006			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM WALSH, PAUL R JR 1904 CANYONWOOD CT. VALRICO, FL 33594	☐ Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM KIRKWOOD, MICHAEL 28 ASH ST. BASKING RIDGE, NJ 07920	☐ Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM VISCIOI, PHILLIP 68 KINGSBURY ST. WELLESLEY, MA 02451	☐ Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM BORES, DONALD SR 1792 CRANBERRY ISLE WAY APOPKA, FL 32712	☐ Delete			
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM BORES, DONALD SR 1792 CRANBERRY ISLE WAY APOPKA, FL 32712	☐ Delete			
11. I hereby certify that the information supplied 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 receiver or trustee empowered to execute this report as required by Chapter 609, Florida Statutes.			000000496191 04/22/06-80004-005 50.00		
SIGNATURE: Paul R. Walsh, Jr., Managing Member			3-2-06 704-905-4766		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date Daytime Phone #		