

**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

DOCUMENT # L01000019671

1. Entity Name
TDLD, LLC



Principal Place of Business

311 PARK PLACE BLVD., SUITE 100
CLEARWATER, FL 33759

Mailing Address

311 PARK PLACE BLVD., SUITE 100
CLEARWATER, FL 33759

FILED

Apr 08, 2004 08:00 AM
Secretary of State



01292004 No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3755763

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 ESQUIRE
400 NORTH TAMPA STREET, SUITE 2300
TAMPA, FL 33602

**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

U000000106948
04/08/04-80038-001 150.00

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	P FRANKEL, TODD C 311 PARK PLACE BLVD., STE 100 CLEARWATER, FL 33759
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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)(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

4/7/04

427 299 3004