

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 11, 2006 8:00 am
Secretary of State

04-11-2006 90018 014 ****50.00

DOCUMENT # L01000019671

1. Entity Name
TOLD, 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



2. Principal Place of Business
4830 W. Kennedy Blvd
Suite, Apt. #, etc.
#650

3. Mailing Address
4830 W Kennedy Blvd
Suite, Apt. #, etc.
#650

03272006 Chg-LLC CR2E083 (11/05)

City & State
TAMPA FL

City & State
Tampa FL

4. FEI Number
59-3755763

Applied For
Not Applicable

Zip Country
33609 Hillsborough

Zip Country
33609 Hillsborough

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

7. Name and Address of New Registered Agent

Name Goodwin, James W Esquire
Street Address (P.O. Box Number is Not Acceptable)
201 North Franklin St
Ste 2000
City Tampa FL Zip Code 33602

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 James W Goodwin

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, 2006**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE P ☒ Change ☐ Addition
NAME Frankel Todd C
STREET ADDRESS 4830 W. Kennedy Blvd #650
CITY-ST-ZIP Tampa FL 33609

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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STREET ADDRESS
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

4/6/06 8134721600