

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000021427

Entity Name: TINDELL, LLC

FILED
Jan 07, 2004
Secretary of State

Current Principal Place of Business:

3160 DUKE DRIVE
GULF BREEZE, FL 32563

New Principal Place of Business:

Current Mailing Address:

3160 DUKE DRIVE
GULF BREEZE, FL 32563

New Mailing Address:

FEI Number: 01-0586694

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MACEWAN, GLENDA TINDELL
3160 DUKE DRIVE
GULF BREEZE, FL 32563

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGRM () Delete
Name: MACEWAN, GLENDA TINDELL
Address: 3160 DUKE DRIVE
City-St-Zip: GULF BREEZE, FL 32563

Title: MGRM () Delete
Name: TINDELL, HUGH L PRESIDE
Address: 1638 LLANI CT
City-St-Zip: GULF BREEZE, FL 32563 US

Title: MGRM () Delete
Name: TINDELL, ROBERT TREASUR
Address: 205 MIDWAY ST.
City-St-Zip: LEESBURG, GA 31763 US

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: MACEWAN, GLENDA TINDELL SEC
Address: 3160 DUKE DRIVE
City-St-Zip: GULF BREEZE, FL 32563

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: GLENDA T. MACEWAN

SEC

01/07/2004

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date