2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 07, 2004 08:00 AM
Secretary of State

DOCUMENT # L02000005392

1. Entity Name
TPA . LLC

Principal Place of Business	Mailing Address
4707 DUFFER LOOP SEBRING, FL 33872	4707 DUFFER LOOP SEBRING, FL 33872

04052004 No Chg-LLC CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
11-1441166
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

ARMBRUSTER, JOSEPH A
4707 DUFFER LOOP
SEBRING, FL 33872

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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 Joseph A Armbruster 4-05-04
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

U00000105297
04407A04-80021-004 50.00

9.	MANAGING MEMBERS/MANAGERS
TITLE	P
NAME	ARUMBRUSTER, JOSEPH
STREET ADDRESS	4707 DUFFER LOOP
CITY-ST-ZIP	SEBRING, FL 33872
TITLE	S
NAME	TALBERT, PAUL
STREET ADDRESS	4417 PITCHING WEDGE WAY
CITY-ST-ZIP	SEBRING, FL 33872
TITLE	MGR
NAME	PARKER, MIKE
STREET ADDRESS	3501 JACKLIN AVE
CITY-ST-ZIP	SEBRING, FL 33870
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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)(i), 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.

Joseph A Armbrustar

SIGNATURE: Joseph A Armbruster 4-05-04 863 471 1860
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #