

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000005392

Entity Name: TPA . LLC

FILED  
Mar 15, 2009  
Secretary of State

**Current Principal Place of Business:**

3212 WATERWOOD DR.  
SEBRING, FL 33872

**New Principal Place of Business:**

**Current Mailing Address:**

3212 WATERWOOD DR.  
SEBRING, FL 33872

**New Mailing Address:**

FEI Number: 11-1441166

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

ARMBRUSTER, JOSEPH A  
3212 WATERWOOD DRIVE  
SEBRING, FL 33872 US

**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/MANAGERS:**

Title: P ( ) Delete  
Name: ARMBRUSTER, JOSEPH  
Address: 3212 WATERWOOD DRIVE  
City-St-Zip: SEBRING, FL 33872

Title: S ( ) Delete  
Name: TALBERT, PAUL  
Address: 4417 PITCHING WEDGE WAY  
City-St-Zip: SEBRING, FL 33872

Title: MGR ( ) Delete  
Name: PARKER, MIKE  
Address: 3501 JACKLIN AVE  
City-St-Zip: SEBRING, FL 33870

**ADDITIONS/CHANGES:**

Title: P (X) Change ( ) Addition  
Name: ARMBRUSTER, JOSEPH A  
Address: 3212 WATERWOOD DRIVE  
City-St-Zip: SEBRING, FL 33872

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 exemption stated in Chapter 119, 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: JOSEPH A. ARMBRUSTER

P

03/15/2009

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