2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

4/17

FILED
May 09, 2003 8:00 am
Secretary of State
04-17-2003 90026 036 ****50.00

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55039334

1. Entity Name
TPA . LLC

Principal Place of Business	Mailing Address
% JOE ARMBRUSTER 4707 DUFFER LOOP SEBRING FL 33872	% JOE ARMBRUSTER 4707 DUFFER LOOP SEBRING FL 33872

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
4707 Duffer Loop	Same
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Sebring Fl	City & State
Zip: 33872 Country: Highlands	Zip / Country

4. FEI Number: 61-1441166 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
ARMBRUSTER, JOSEPH A 4707 DUFFER LOOP SEBRING FL 33872	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

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 DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Pres Joseph A Armbruster 4707 Duffer Loop Sebring, Fl. 33872 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Sec Paul Talbert 4417 Pitching Wedge Way Sebring Fl. 33872 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Mgr Mike Parker 3501 Jacklin Ave Sebring, Fl. 33870 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E083 (10/02)

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.

SIGNATURE: SIGNATURE REQUIRED Joseph A Armbruster Date Daytime Phone #
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE