


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 10, 2007 8:00 am**  
**Secretary of State**

04-10-2007 90082 020 \*\*\*\*50.00

<b>DOCUMENT # L02000018929</b> 1. Entity Name TARPON COAST MARKETING SPECIALISTS, L.L.C.	
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Principal Place of Business 6811 NORTH MARIE AVENUE TAMPA, FL 33614	Mailing Address 6811 NORTH MARIE AVENUE TAMPA, FL 33614
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60034631

2. Principal Place of Business - No P.O. Box # 36846 Washington Loop Rd Suite, Apt. #, etc.	3. Mailing Address 36846 Washington Loop Rd Suite, Apt. #, etc.
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04032007 Chg-LLC CR2E083 (12/06)

City & State Punta Gorda, FL Zip 33982 Country USA	City & State Punta Gorda, FL Zip 33982 Country USA
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4. FEI Number 52-2370226	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent MENENDEZ, ROBERT M 6811 NORTH MARIE AVENUE TAMPA, FL 33614	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 <u>Robert M Menendez</u> <small>Signature, typed or printed name of registered agent and title if applicable.</small>	DATE

**Filing Fee is \$50.00  
Due by May 1, 2007**

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

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MENENDEZ, ROBERT M 6811 N MARIE AVE TAMPA, FL-33614 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	36846 Washington Loop Rd Punta Gorda, FL 33982 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: <u>Robert M Menendez</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>	4/5/07 <small>Date</small>	813-240-3336 <small>Daytime Phone #</small>
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