2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
May 05, 2006 8:00 am
Secretary of State
05-05-2006 90032 030 ****50.00

DOCUMENT # L02000023170

1. Entity Name
TINSTAR, LLC

Principal Place of Business	Mailing Address
~~8921 9TH AVENUE NW~~ ~~BRADENTON FL 34209~~	~~8921 9TH AVENUE~~ NW BRA~~DENTON FL 34~~209

1st MOORE CR2E083 (10/05)

2. Principal Place of Business		3. Mailing Address	
407 B 74th Street		407 B 74th Street	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: Holmes Beach FL		City & State: Holmes Beach FL	
Zip: 34217	Country: USA	Zip: 34217	Country:

4. FEI Number: 01-0745565 — ☐ 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
WICKMAN & WYCKOFF, P.A. 4909 MANATEE AVENUE WEST BRADENTON FL 34209	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 ______________________
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $50.00
Make Check Payable to Florida Department of State
Due By May 1, 2006

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE	MGR	☐ Delete	TITLE		☒ Change ☐ Addition
NAME	RUDEK, TINA		NAME		
STREET ADDRESS	~~8921 9TH AVENUE~~		STREET ADDRESS	407 B 74th Street	
CITY-ST-ZIP	~~BRADENTON FL 34~~209		CITY-ST-ZIP	Holmes Beach FL 34217	
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
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TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: [signature] Tina Rudek 4/11/06 941/920-0303
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #