2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

May 05, 2006 8:00 am Secretary of State DQCUMENT # L02000023170 1. Entity Name 05-05-2006 90032 030 ****50.00 TINSTAR, LLC Principal Place of Business Mailing Address 8921 9TH AVENUE NW. BRADENTON FL 34209 8921 OTH AVENUE NW BRADENTON FL 34209 2. Principal Place of Business 407 B 74th Street 407B 74th Street 1st MOORE CR2E083 (10/05) 4. FEI Number Applied For Holmes Beach 01-0745565 Holmes Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent WICKMAN & WYCKOFF, P.A. Street Address (P.O. Box Number is Not Acceptable) 4909 MANATEE AVENUE WEST **BRADENTON FL 34209** 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, typed or printed name of registered agent and title it applicable (NOTE: Registered Agent signature required when relestating) 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 THLE MGR TITLE Addition Delete Change RUDEK, TINA NAME 407 B 74th Street STREET ADDRESS STREET ADDRESS 8021 STH-AVENUE : CITY-ST-ZIP BRADENTON FL 34209 CITY-ST-ZIP TITLE Delete fifte ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Defete ☐ Channe ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHY-ST-7IP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-S1-7IP CITY-ST-ZIP TITLE □ Delete TITLE ■ 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 tree 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 embowered to execute this report as required by Chapter 608, Florida Statutes. SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

FILED