

**LIMITED LIABILITY COMPANY  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 28, 2003 8:00 am**  
**Secretary of State**

04-28-2003 90997 033 \*\*\*\*50.00

DOCUMENT # **L02000024156**

1. Entity Name

TDA Florida South, LLC



**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business  
6211 Medici Court

3. Mailing Address  
6211 Medici Court

Suite, Apt. #, etc.  
Suite 104

Suite, Apt. #, etc.  
Suite 104

City & State  
Bradenton, FL

City & State  
Bradenton, FL

Zip  
34243

Country

Zip  
34243

Country

4. FEI Number 11-3654446

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

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IN THIS SPACE**

**7. Name and Address of Current Registered Agent**

Name John D. Bonanno, Esq.

Street Address (P.O. Box Number is Not Acceptable)

601 12th Street West

City Bradenton

FL

Zip Code  
34205

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.

DATE

**FEE IS \$50.00**

**Make Check Payable to Florida Department of State**

**DUE BY MAY 1**

**9. MANAGING MEMBERS/MANAGERS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
Anthony J. Driscoll MGRM  
6211 Medici Court, Suite 104  
Sarasota, Florida 34243

TITLE  
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**DO NOT WRITE  
IN THIS SPACE**

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

Date

Daytime Phone #

CR2E083B (12/02)