## 2006 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

DOC' # L02000027718 1. Entity Na

T.C.'S WAKE, SKATE & SURF, LLC



**FILED** Jul 21, 2006 08:00 AM **Secretary of State** 

Principal Place of Business

15250 US 41 SOUTH, STE. C-2 FT MYERS, FL 33908

Mailing Address

15250 US 41 SOUTH, STE. C-2 FT MYERS, FL 33908



07122006 No Chg-LLC

CR2E083 (11/05)

4. FEI Number	Applied For
27-0040721	Not Applicabl
5. Certificate of Status Desired	\$5.00 Additional

## DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

COLLINS, TODD 15250 US 41 SOUTH, STE. C-2 FT MYERS, FL 33908

STREET ADDRESS CITY-ST-ZIP

## DO NOT WRITE IN THIS SPACE

		"	11110 017102
	named entity submits this statement for the purpose of char ions of registered agent.	l nging its registered office or registered agent, or b	oth, in the State of Florida. I am familiar with, and accept
SIGNATURE	Signature, typed or printed name of registered agent and title it applicable	(NOTE Registered Agent signature required when reinstating)	DATE
Fil Due t	ing Fee is \$50.00 by September 6, 2006		
9. THILE NAME STREET ADDRESS CITY-SI-ZIP	MANAGING MEMBERS/MANAGERS  MGRM  COLLINS, TODD T OWNER  17635 CYPRESS POINT ROAD  FORT MYERS, FL 33912		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	FORT MILENS, PL 33812		U00000571558 07/21/06-80001-006 50.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP			NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		IN	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE			

11. It nereby 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: SIGNATURE AND TYPED OR PRINTED NAME OF GNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE