LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (LLCR)

01-24-2003 90248 046 ****55.00
L02000033778

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

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DOCUMENT # L02000033778

1. Entity Name: TST, LLC

20016705

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2. Principal Place of Business	3. Mailing Address
5157 Epping Ln	5157 Epping Ln
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Zephyrhills FL	City & State: Zephyrhills FL
Zip: 33541 Country: Pasco	Zip: 33541 Country: ~~Pasco~~

4. FEI Number: 59-3762912 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ **$5.00** Additional Fee Required

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7. Name and Address of Current Registered Agent

Name: Thomas Rorke

Street Address (P.O. Box Number is Not Acceptable): 5157 Epping Ln

City: Zephyrhills FL Zip Code: 33541

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: Tom Rorke DATE:
Signature, typed or printed name of registered agent and title if applicable.

FEE IS $50.00
Make Check Payable to Florida Department of State
DUE BY MAY 1

9. MANAGING MEMBERS / MANAGERS

TITLE	Manager
NAME	Thomas J. Rorke
STREET ADDRESS	5157 Epping Ln
CITY-ST-ZIP	Zephyrhills FL 33541
TITLE	Manager
NAME	Sean P. Parker
STREET ADDRESS	11905 Dietz Ave
CITY-ST-ZIP	Tampa FL 33626
TITLE	Mgr
NAME	Thomas M. Parker
STREET ADDRESS	13523 Lunker Ct.
CITY-ST-ZIP	Odessa FL 33556
TITLE	
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CR2E083B (12/02)

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: Tom Rorke 1/28/03

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #