

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 02, 2006 8:00 am
Secretary of State

02-06-2006 90178 005 ****50.00

DOCUMENT # L03000009936

1. Entity Name
TYSADA, LLC



Principal Place of Business
**4033 HOLDEN ROAD
LAKELAND, FL 33811 US**

Mailing Address
**4033 HOLDEN ROAD
LAKELAND, FL 33811 US**

30001566



DO NOT WRITE IN THIS SPACE

01242006 No Chg-LLC

CR2E083 (11/05)

4. FEI Number
02-0688953

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**GUICE, GREGORY A
4033 HOLDEN ROAD
LAKELAND, FL 33811**

**DO NOT WRITE
IN THIS SPACE**

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 *Greg Guice*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when registering)

DATE

2/23/06

**Filing Fee is \$50.00
Due by May 1, 2006**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MGR
GUICE, GREGORY A
4033 HOLDEN ROAD
LAKELAND, FL 33811**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**DO NOT WRITE
IN THIS SPACE**

11. I hereby 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 authorized representative of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: *Greg Guice*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

2/23/06

Date

Daytime Phone