

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000020973

Entity Name: TARDIFF RENOVATIONS, LLC

FILED
Jan 07, 2008
Secretary of State

Current Principal Place of Business:

17801 DURRANCE RD.
NORTH FORT MYERS, FL 33917

New Principal Place of Business:

12290 DEFENDER DR.
PORT CHARLOTTE, FL 33953

Current Mailing Address:

17801 DURRANCE RD.
NORTH FORT MYERS, FL 33917

New Mailing Address:

12290 DEFENDER DR.
PORT CHARLOTTE, FL 33953

FEI Number: 00-1609522

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KYLE, KEVIN A
1520 ROYAL PALM SQUARE BLVD., STE. 320
FORT MYERS, FL 33919 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: TARDIFF, ALFRED J MR
Address: 17801 DURRANCE RD
City-St-Zip: NORTH FORT MYERS, FL 33917

Title: MGR () Delete
Name: TARDIFF, KATHERINE J
Address: 17801 DURRANCE RD
City-St-Zip: NORTH FORT MYERS, FL 33917

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: TARDIFF, ALFRED J MR
Address: 12290 DEFENDER DR.
City-St-Zip: PORT CHARLOTTE, FL 33953

Title: MGR (X) Change () Addition
Name: TARDIFF, KATHERINE J
Address: 12290 DEFENDER DR.
City-St-Zip: PORT CHARLOTTE, FL 33953

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: KATHERINE J. TARDIFF

MGR

01/07/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date