2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

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FILED
May 20, 2004 8:00 am
Secretary of State
04-29-2004 90070 043 ****50.00

DOCUMENT # L03000024303

1. Entity Name
TAMCO CAPITAL, LLC

Principal Place of Business	Mailing Address
1340 E. VINE STREET, SUITE #216 KISSIMMEE, FL 34744	1340 E. VINE STREET, SUITE #216 KISSIMMEE, FL 34744

04272004 Chg-LLC CR2E083 (10/03)

2. Principal Place of Business	3. Mailing Address
	P.O. Box 420059
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State: Kissimmee FL
Zip / Country	Zip: 34742 / Country: Osceola

4. FEI Number: 20-0043800 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
NAPIER, DEBRA 1340 E VINE ST., SUITE #216 KISSIMMEE, FL 34744	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

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. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $50.00
Due by May 1, 2004

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE: Manager NAME: Debra Napier STREET ADDRESS: POB 420059 CITY-ST-ZIP: Kissimmee, FL 34742	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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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: Debra Napier 4/26/04 407-361-1137
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #