2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000026557

Entity Name: TFA,LLC

FILED Apr 29, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

115 TIMBERLACHEN CR32819 WOLF'S TRAILSUITE 2001SORRENTO, FL 32776

LAKE MARY, FL 32746

Current Mailing Address: New Mailing Address:

115 TIMBERLACHEN CR 32819 WOLF'S TRAIL SUITE 2001 SORRENTO, FL 32776 LAKE MARY, FL 32746

FEI Number: 27-0063743 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

CERASOLI, FRANK
115 TIMBERLACHEN CR
SUITE 2001
LAKE MARY, FL 32746 US

FULLER, MARCY
32819 WOLF'S TRAIL
SORRENTO, FL 32776 US

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: MARCY FULLER 04/29/2009

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES:

Title: MGRM () Delete Title: MGRM (X) Change () Addition Name: CERASOLI, FRANK Name: FULLER, MARCY

 Name:
 CERASOLI, FRANK
 Name:
 FULLER, MARCY

 Address:
 115 TIMBERLACHEN CR
 Address:
 32819 WOLF'S TRAIL

 City-St-Zip:
 LAKE MARY, FL 32746
 City-St-Zip:
 SORRENTO, FL 32776

Title: MGRM () Delete Title: () Change () Addition

 Name:
 FULLER, GEORGE
 Name:

 Address:
 115 TIMBERLACHEN CR
 Address:

 City-St-Zip:
 LAKE MARY, FL 32746
 City-St-Zip:

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: MARCY FULLER MGR 04/29/2009