

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000027389

**FILED**  
**Jan 16, 2009**  
**Secretary of State**

**Entity Name:** TEAM TAMPA BAY MA, LLC

**Current Principal Place of Business:**

363 WEST WINDS  
PALM HARBOR, FL 34683

**New Principal Place of Business:**

8227 DANUBIAN PLACE  
TRINITY, FL 34655

**Current Mailing Address:**

2609 47TH AVE. N.  
ST. PETERSBURG, FL 33714

**New Mailing Address:**

FEI Number: 90-0111650

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

TOLBERT, LISA  
363 WEST WINDS  
PALM HARBOR, FL 34683 US

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

BLACK, BETH  
8227 DANUBIAN PLACE  
TRINITY, FL 34655 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: BETH BLACK

01/16/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: TOLBERT, LISA  
Address: 363 WEST WINDS  
City-St-Zip: PALM HARBOR, FL 34683

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: BLACK, BETH  
Address: 8227 DANUBIAN PLACE  
City-St-Zip: TRINITY, FL 34655

Title: MGR ( ) Change (X) Addition  
Name: BLACK, PHILLIP  
Address: 8227 DANUBIAN PLACE  
City-St-Zip: TRINITY, FL 34655

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: BETH BLACK

MGR

01/16/2009

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