2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Aug 05, 2008
Secretary of State

DOCUMENT# L03000028864

Entity Name: TERSALDAN, LLC

Current Principal Place of Business:

256 GROVE STREET
VENICE, FL 34292

New Principal Place of Business:

Current Mailing Address:

256 GROVE STREET
VENICE, FL 34292

New Mailing Address:

4711 POTATO FARM ROAD
CROSSVILLE, TN 38571

FEI Number: 56-2385348   FEI Number Applied For ( )   FEI Number Not Applicable ( )   Certificate of Status Desired ( )
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

KLINGBEIL, ROBERT T JR.
341 W. VENICE AVE.
VENICE, FL 34285 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:	MGRM	( ) Delete
Name:	HIRTER, TERRY P	
Address:	256 GROVE STREET	
City-St-Zip:	VENICE, FL 34292	
Title:	MGRM	( ) Delete
Name:	HIRTER, SARAH C	
Address:	256 GROVE STREET	
City-St-Zip:	VENICE, FL 34292	

ADDITIONS/CHANGES:

Title:	MGRM	(X) Change ( ) Addition
Name:	HIRTER, TERRY P	
Address:	4711 POTATO FARM ROAD	
City-St-Zip:	CROSSVILLE, TN 38571	
Title:	MGRM	(X) Change ( ) Addition
Name:	HIRTER, SARAH C	
Address:	4711 POTATO FARM ROAD	
City-St-Zip:	CROSSVILLE, TN 38571	

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: TERRY P HIRTER   MGRM   08/05/2008
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date