

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 21, 2005 8:00 am
Secretary of State

04-21-2005 90024 040 ****50.00

DOCUMENT # L03000033886

1. Entity Name
TLS RECORD SERVICES, LLC



Principal Place of Business
1804 BREngle AVE
ORLANDO, FL 32808

Mailing Address
613 GOLDEN DAWN LANE
APOPKA, FL 32712

2. Principal Place of Business
1905 BREngle AVE
Suite, Apt. #, etc.

3. Mailing Address
4006 BERMUDA GROVE PLACE
Suite, Apt. #, etc.

City & State
ORLANDO, FL

City & State
LONGWOOD, FL

Zip
32808

Country
USA

Zip
32779

Country
USA

04162005 Chg-LLC CR2E083 (10/03)

4. FEI Number
05-0583840

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent -

BOOTH, DENNIS
613 GOLDEN DAWN LANE
APOPKA, FL 32712

7. Name and Address of New Registered Agent

Name DENNIS BOOTH

Street Address (P.O. Box Number is Not Acceptable)
4006 BERMUDA GROVE PLACE

City LONGWOOD

FL

Zip Code 32779

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, 2005

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE MGRM
NAME BOOTH, DENNIS
STREET ADDRESS 613 GOLDEN DAWN LANE
CITY-ST-ZIP APOPKA, FL 32712

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS 4006 BERMUDA GROVE PLACE
CITY-ST-ZIP LONGWOOD, FL 32779

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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 60B, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

DENNIS BOOTH

Date

Daytime Phone #

4-18-05 407-298-2686