

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 21, 2008 8:00 am
Secretary of State

04-21-2008 90315 037 ***138.75

DOCUMENT # L03000037391

1. Entity Name
TEN EAGLES LODGE, LLC



Principal Place of Business
**12950 RACETRACK RD. STE 201
SUITE 201
TAMPA, FL 33626 US**

Mailing Address
**12950 RACETRACK RD. STE 201
SUITE 201
TAMPA, FL 33626 US**

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

03102008

Chg-LLC

CR2E083 (12/06)

4. FEI Number

20-0703259

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**STEFAN, TIMOTHY P
12950 RACETRACK RD. STE 201
SUITE 201
TAMPA, FL 33626**

7. Name and Address of New Registered Agent

Name **PATRICK J. WALSH**
Street Address (P.O. Box Number is Not Acceptable)
**12950 RACETRACK RD
SUITE 201
TAMPA, FL 33626 FL** Zip Code **33626**

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 fee if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE **MGR** ☐ Delete
NAME **STEFAN, TIMOTHY P**
STREET ADDRESS **12950 RACETRACK RD. STE 201**
CITY-ST-ZIP **TAMPA, FL 33626**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
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TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE **MGR** ☒ Change ☐ Addition
NAME **PATRICK J. WALSH**
STREET ADDRESS **12950 RACETRACK RD - 201**
CITY-ST-ZIP **TAMPA, FL 33626**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

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

Date

Daytime Phone #

Patrick J. Walsh

3/26/08

727-422-1011