

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jul 05, 2005 8:00 am**  
**Secretary of State**

07-05-2005 90095 043 \*\*\*\*50.00

**DOCUMENT # L03000039328**

1. Entity Name  
TTPI, LLC



Principal Place of Business  
2766 OLDE CYPRESS DRIVE  
NAPLES, FL 34119

Mailing Address  
2766 OLDE CYPRESS DRIVE  
NAPLES, FL 34119

60001000



2. Principal Place of Business  
*239 Bay Front Drive*  
Suite, Apt. #, etc.

3. Mailing Address  
*239 Bay Front Drive*  
Suite, Apt. #, etc.

06292005 Chg-LLC CR2E083 (10/03)

City & State  
*Bonita Springs, FL*  
Zip  
*34134*  
Country  
*USA*

City & State  
*Bonita Springs, FL*  
Zip  
*34134*  
Country  
*USA*

4. FEI Number  
02-8303406  
Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent  
FULCHINO, RALPH DR  
2766 OLDE CYPRESS DRIVE  
NAPLES, FL 34119

7. Name and Address of New Registered Agent  
Name  
*FULCHINO, RALPH DR*  
Street Address (P.O. Box Number is Not Acceptable)  
*239 Bay Front Drive*  
City  
*Bonita Springs* FL Zip Code  
*34134*

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 *Ralph A. Fulchino* DATE *6/29/05*  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$50.00  
Due by September 7, 2005

Make check payable to  
Florida Department of State

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM FULCHINO, RALPH DR 2766 OLD CYPRESS DRIVE NAPLES, FL 34119 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM FULCHINO, RALPH DR 239 BAYFRONT DRIVE Bonita Springs, FL 34134 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 608, Florida Statutes.

SIGNATURE: *Ralph A. Fulchino* DATE *6/30/05* 239-948-8714  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Daytime Phone #



ATTACHMENT  
20061308  
Division of Corporations

## Annual Report

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Document Number

L03000039328

Business Entity Name

TTPI, LLC

FEI Number 028303406

FEI Number Status ☐ Applied For ☐ Not Applicable ☒ CurrentCertificate of Status Desired ☐ Yes ☒ No \$5.00 each

## Principal Place of Business

Address 239 BAYFRONT DRIVE

Suite, Apt. #, etc.

City, State BONITA SPRINGS

FL

Zip Code &amp; Country 34134

## Mailing Address

Address 239 BAYFRONT DRIVE

Suite, Apt. #, etc.

City, State BONITA SPRINGS

FL

Zip Code &amp; Country 34134

## Name And Address of Registered Agent

Name (Last, First, Middle, Title) FULCHINO, RALPH, DR

-or- RA Business Name

Address (PO Box is not acceptable) 239 BAYFRONT DRIVE

Suite, Apt. #, etc.

City, State BONITA SPRINGS

FL

Zip Code &amp; Country 34134 US

If there is a change in registered agent, the new agent will need to type their name in the 'Registered Agent Signature' block below to accept the designation of registered agent. RA signature must be an individual name. If the RA is a business entity, an individual must sign on their behalf. A business entity cannot serve as its own RA.

Registered Agent Signature

**ATTACHMENT**  
**20061308**

This signature must be that of the individual "signing" this document electronically or be made with the full knowledge and permission of the individual, otherwise it constitutes forgery under s.831.06, Florida Statutes.

**Managing Member/Manager Name And Address**

Title	MGRM
Name (Last, First, Middle, Title)	FULCHINO, RALPH, DR
-or- Entity Name	
Street Address	239 BAYFRONT DRIVE
City, State	BONITA SPRINGS, FL
Zip Code & Country	34134

Title	
Name (Last, First, Middle, Title)	
-or- Entity Name	
Street Address	
City, State	
Zip Code & Country	

Title	
Name (Last, First, Middle, Title)	
-or- Entity Name	
Street Address	
City, State	
Zip Code & Country	

Title	
Name (Last, First, Middle, Title)	
-or- Entity Name	
Street Address	
City, State	
Zip Code & Country	

Title	
Name (Last, First, Middle, Title)	
-or- Entity Name	
Street Address	
City, State	

ATTACHMENT  
2006/308

Zip Code &amp; Country

Title

Name (Last, First, Middle, Title)

-or- Entity Name

Street Address

City, State

Zip Code &amp; Country

An individual named above or an individual signing on behalf of an entity named above must type their name in the 'Managing Member/Manager Signature' block below. A business entity name is not allowed in this block.

Title

MGRM

Managing Member/Manager Signature

*Ralph A. Gutierrez*

The individual "signing" this document affirms that the facts stated herein are true.

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