

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000040652

FILED
Jul 19, 2005
Secretary of State

Entity Name: TYTOR, LLC

Current Principal Place of Business:

9353 E. FOWLER AVENUE
TAMPA, FL 33592

New Principal Place of Business:

Current Mailing Address:

19311 AUTUMN WOODS
TAMPA, FL 33647

New Mailing Address:

4600 ROBERTS RD
LAND O LAKES, FL 34639

FEI Number: 20-0324793 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:

SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST.
4TH FLOOR
MIAMI, FL 33145 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: MGR () Delete
Name: ADAMS, VICTOR J
Address: 9353 E. FOWLER AVENUE
City-St-Zip: TAMPA, FL 33592

Title: MGR () Delete
Name: ADAMS, SHELLEY N
Address: 9353 E. FOWLER AVENUE
City-St-Zip: TAMPA, FL 33592

Title: S () Delete
Name: ADAMS, SHELLEY N
Address: 9353 E. FOWLER AVENUE
City-St-Zip: TAMPA, FL 33592

Title: T () Delete
Name: CORSA, REYNALDO
Address: 9353 E. FOWLER AVENUE
City-St-Zip: TAMPA, FL 33592

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: SHELLEY ADAMS

S

07/19/2005

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