

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED

Mar 16, 2005 08:00 AM
Secretary of State

DOCUMENT # L03000054378

1. Entity Name

TMA, LLC



Principal Place of Business

**13012 ST. FILAGREE DRIVE
RIVERVIEW FL 33569**

Mailing Address

**13012 ST. FILAGREE DRIVE
RIVERVIEW FL 33569**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc

Suite, Apt. #, etc

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **88-0517671**

Applied For
Not Applicable

5. Certificate of Status Desired ☒

\$5.00 Additional
Fee Required

1st MOORE

CR2E083 (10/04)



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**JUSTIN, MARK E
13012 ST. FILAGREE DRIVE
RIVERVIEW FL 33569**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

MARCH 15, 2005

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2005

9. MANAGING MEMBERS/MANAGERS

TITLE **MGRM** ☐ Delete
NAME **JUSTIN, VALERIE S MRS**
STREET ADDRESS **13012 SAINT FILAGREE DRIVE**
CITY- ST- ZIP **RIVERVIEW FL 33569**

TITLE **MGR** ☐ Delete
NAME **JUSTIN, MARK E MR.**
STREET ADDRESS **13012 SAINT FILAGREE DRIVE**
CITY- ST- ZIP **RIVERVIEW FL 33569**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

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

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition
NAME **U00000265489**
STREET ADDRESS **03/16/05-80059-008 55.00**
CITY- ST- ZIP

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

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TITLE ☐ Change ☐ Addition
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)(f), 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

MARCH 13, 2005

Date

813-967-7486

Daytime Phone #