
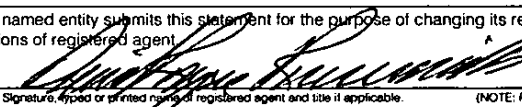
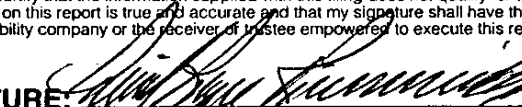


# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 31, 2005 8:00 am**  
**Secretary of State**

05-31-2005 90648 019 \*\*\*\*50.00

DOCUMENT # L04000002123					
1. Entity Name <b>TAMMY'S TOUCH, PL</b>					
Principal Place of Business <b>8950 SW 197 STREET MIAMI, FL 33157</b>			Mailing Address <b>8950 SW 197 STREET MIAMI, FL 33157</b>		
2. Principal Place of Business <b>15715 S. Dixie Hwy</b>		3. Mailing Address			
Suite, Apt. #, etc. <b>415</b>		Suite, Apt. #, etc.			
City & State <b>Miami, FL</b>		City & State			
Zip <b>33157</b>		Country <b>USA</b>		Zip	
Country		Zip		Country	
6. Name and Address of Current Registered Agent  <b>ROUNSAVILLE, DAVID ROYCE 8950 SW 197 STREET MIAMI, FL 33157</b>			7. Name and Address of New Registered Agent Name <b>DAVID ROYCE ROUNSAVILLE</b> Street Address (P.O. Box Number is Not Acceptable) <b>15715 S. Dixie Hwy</b> <b>415B</b> City <b>Miami</b> <b>FL</b> Zip Code <b>33157</b>		
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  DATE <b>1/5/05</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$50.00 Due by May 1, 2005</b>		<b>Make check payable to Florida Department of State</b>			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>managing member Tammy Rounsaville 8950 SW 197 ST Miami FL 33157</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Managing Member David Royce Rounsaville 8950 SW 197 ST Miami FL 33157</b> <input type="checkbox"/> Delete	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"/> Delete	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"/> Delete	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"/> Delete	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"/> Delete	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: 		Date <b>1/5/05</b>		Daytime Phone # <b>305 256 2719</b>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					

60000000



01042005 Chg-LLC CR2E083 (10/03)

4. FEI Number **42-1616797** Applied For ☐ Not Applicable ☐

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