
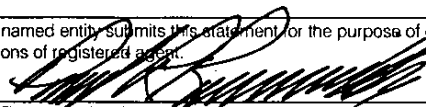
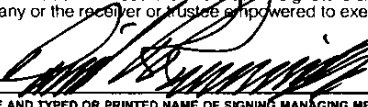


# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Mar 27, 2008 8:00 am**  
**Secretary of State**

03-27-2008 90158 001 \*\*\*287.50

<b>DOCUMENT # L04000002123</b>					
<b>1. Entity Name</b> TAMMY'S TOUCH, PL					
<b>Principal Place of Business</b> 15715 S. DIXIE HWY. SUITE 415 MIAMI, FL 33157			<b>Mailing Address</b> 8950 SW 197 STREET- MIAMI, FL 33157		
<b>2. Principal Place of Business - No P.O. Box #</b>		<b>3. Mailing Address</b> 15715 S. Dixie Hwy Suite, Apt. #, etc. #211			
Suite, Apt. #, etc.		City & State Miami FL		<b>4. FEI Number</b> 42-1616797	
City & State		Zip 33157		Country USA	
Zip		Country		<b>5. Certificate of Status Desired</b> <input checked="" type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b> ROUNSAVILLE, DAVID ROYCE 15715 S. DIXIE HWY 211 MIAMI, FL 33157			<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
<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.</b> SIGNATURE:  (NOTE: Registered Agent signature required when reinstating) DATE:					
<b>FILE NOW!!! FEE IS \$138.75</b> <b>After May 1, 2008 Fee will be \$538.75</b>		<b>Make check payable to</b> <b>Florida Department of State</b>			
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ROUNSAVILLE, TAMMY 8950 SW 197 STREET MIAMI, FL 33157	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Rounsaville, Tammy 15715 S. Dixie Hwy #415 Miami FL 33157	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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<b>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.</b>					
<b>SIGNATURE:</b>  <b>David R Rounsaville</b> 3/27/08 305 256 2779					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #					

30002903



03232008 Chg-LLC CR2E083 (12/06)

Applied For  
Not Applicable

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

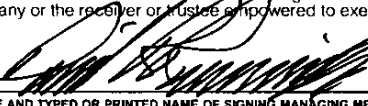
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Street Address (P.O. Box Number is Not Acceptable)  
City  
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SIGNATURE:  David R Rounsaville 3/27/08 305 256 2779  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

ATTACHMENT

*Zirlin & Rounsaville*

Property Tax Advisors, PL  
(A Florida Professional Limited Liability Company)  
15715 S. Dixie Highway, Suite 211  
Miami, Florida 33157

(305) 256-2719 South Dade Office

(305) 987-5873 North Dade Office

check is for both LLC's  
& cert. of Status.

30002903  
#LO10000/2897