

**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 14, 2006 8:00 am**  
**Secretary of State**

04-14-2006 90032 024 \*\*\*\*50.00

**DOCUMENT # L04000010525**

1. Entity Name  
TCD REALTY, LLC



Principal Place of Business

1100 SW ST. LUCIE WEST BLVD., SUITE 105  
PORT ST. LUCIE, FL 34986

Mailing Address

1100 SW ST. LUCIE WEST BLVD., SUITE 105  
PORT ST. LUCIE, FL 34986



02022006 No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number

06-1717359

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

IOANNIDES, TIM  
1100 SW ST. LUCIE WEST BLVD., SUITE 105  
PORT ST. LUCIE, FL 34986

**DO NOT WRITE  
IN THIS SPACE**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00  
Due by May 1, 2006**

9. MANAGING MEMBERS/MANAGERS

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
MGRM  
IOANNIDES, TIM  
1100 SW ST. LUCIE WEST BLVD., SUITE 105  
PORT ST. LUCIE, FL 34986

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
MGRM  
KIRSNER, ROBERT  
1100 SW ST. LUCIE WEST BLVD., SUITE 105  
PORT ST. LUCIE, FL 34986

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

**DO NOT WRITE  
IN THIS SPACE**

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.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #