

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Apr 29, 2005 8:00 am**  
**Secretary of State**

04-29-2005 90053 025 \*\*\*\*50.00

**DOCUMENT # L04000014094**

1. Entity Name

**TINA'S PLACE, LLC**



Principal Place of Business

**4699 FLAMINGO DRIVE  
ST. JAMES CITY FL 33956**

Mailing Address

**4699 FLAMINGO DRIVE  
ST. JAMES CITY FL 33956**

2. Principal Place of Business

3. Mailing Address

**P.O. Box 360**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

**G.I.W. N.H.**

Zip

Country

Zip

**03897**

Country

4. FEI Number

**20-0759521**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SPIEGEL & UTRERA, P.A.  
1840 SW 22ND ST.  
4TH FLOOR  
MIAMI FL 33145**

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

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

9. MANAGING MEMBERS/MANAGERS

TITLE MGR ☐ Delete  
NAME PENNEY, DAVID  
STREET ADDRESS 4699 FLAMINGO DRIVE  
CITY-ST-ZIP ST. JAMES CITY FL 33956

TITLE MGR ☐ Delete  
NAME PENNEY, BECKY  
STREET ADDRESS 4699 FLAMINGO DRIVE  
CITY-ST-ZIP ST. JAMES CITY FL 33956

TITLE S ☐ Delete  
NAME PENNEY, BECKY  
STREET ADDRESS 4699 FLAMINGO DRIVE  
CITY-ST-ZIP ST. JAMES CITY FL 33956

TITLE T ☐ Delete  
NAME PENNEY, DAVID  
STREET ADDRESS 4699 FLAMINGO DRIVE  
CITY-ST-ZIP ST. JAMES CITY FL 33956

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

10. ADDITIONS/CHANGES

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

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

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

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

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

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)(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:

*Becky Penney*

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

Date

Daytime Phone #

**(603)**  
**04-25-05 234-0145**