


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 11, 2005 8:00 am
Secretary of State

04-11-2005 90047 013 ****50.00

DOCUMENT # L04000029583 1. Entity Name T-PDOTCOM, LLC																													
Principal Place of Business 2400 NE INDIAN RIVER DRIVE JENSEN BEACH, FL 34957			Mailing Address 2400 NE INDIAN RIVER DRIVE JENSEN BEACH, FL 34957																										
2. Principal Place of Business		3. Mailing Address																											
Suite, Apt. #, etc.		Suite, Apt. #, etc.																											
City & State		City & State																											
Zip	Country	Zip	Country																										
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent																									
LAURA, WHEELER 614 CEDAR SIDE CIRCLE NE PALM BAY, FL 32905				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: _____ (NOTE: Registered Agent signature required when reinstating)																													
Filing Fee is \$50.00 Due by May 1, 2005		Make check payable to Florida Department of State																											
9. MANAGING MEMBERS/MANAGERS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE</td> <td style="width: 40%;">MGRM</td> <td style="width: 30%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>WILLIAM, MORROW</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>28630 NE 48TH AVENUE</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>OKEECHOBEE, FL 34972</td> <td></td> </tr> </table>			TITLE	MGRM	<input type="checkbox"/> Delete	NAME	WILLIAM, MORROW		STREET ADDRESS	28630 NE 48TH AVENUE		CITY-ST-ZIP	OKEECHOBEE, FL 34972		10. ADDITIONS/CHANGES <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE</td> <td style="width: 40%;"></td> <td style="width: 30%; text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>			TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY-ST-ZIP		
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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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>																													
				<small>Date</small> _____ <small>Daytime Phone #</small> _____																									

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01312005 Chg-LLC CR2E083 (10/03)

4. FEI Number **20-096144** Applied For ☐ Not Applicable ☐

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