

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 08, 2007 08:00 AM
Secretary of State

DOCUMENT # L04000031358

1. Entity Name
TST ENTERPRISES, LLC



Principal Place of Business
**2960 BOUGAINVILLEA ST
SARASOTA, FL 34292**

Mailing Address
**2960 BOUGAINVILLEA ST
SARASOTA, FL 34292**



01052007No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-1004061

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**KILLOREN, TIMOTHY J
2960 BOUGAINVILLEA ST
SARASOTA, FL 34292**

**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

Timothy J. Killoran

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

5 JAN 07

DATE

**Filing Fee is \$50.00
Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
KILLOREN, TIMOTHY J
2960 BOUGAINVILLEA ST
SARASOTA, FL 34292**

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01/09/07-80036-015 50.00

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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

Timothy J. Killoran

TIMOTHY J. KILLOREN

5 JAN 07 941-951-0799

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

Date

Daytime Phone #