

2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT

DOCUMENT # L04000031358

1. Entity Name
TST ENTERPRISES, LLC



FILED
Apr 03, 2008 08:00 AM
Secretary of State

Principal Place of Business

2960 BOUGAINVILLEA ST
SARASOTA, FL 34292

Mailing Address

2960 BOUGAINVILLEA ST
SARASOTA, FL 34292



03312008No Chg-LLC

CR2E083 (12/07)

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

31 MAR 08

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

U000000880269
04/15/08-80055-008 138.75

9. MANAGING MEMBERS/MANAGERS

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

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

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:

TIMOTHY J. KILLOREN

31 MAR 08

941-951-0799

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

Date

Daytime Phone #