

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000033964

Entity Name: T.B. DEAL, LLC

FILED
Mar 10, 2009
Secretary of State

Current Principal Place of Business:

8249 KRISTEL CIRCLE
NEW PORT RICHEY, FL 346685910 US

New Principal Place of Business:

8249 KRISTEL CIRCLE
NEW PORT RICHEY, FL 34668 US

Current Mailing Address:

8249 KRISTEL CIRCLE
NEW PORT RICHEY, FL 346685910 US

New Mailing Address:

8249 KRISTEL CIRCLE
NEW PORT RICHEY, FL 34668 US

FEI Number: 20-1101871

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TAMPA BAY PROPERTY MANAGEMENT
8249 KRISTEL CIRCLE
PORT RICHEY, FL 34668 US

Name and Address of New Registered Agent:

TAMPA BAY PROPERTY MANAGEMENT, INC.
8249 KRISTEL CIRCLE
PORT RICHEY, FL 34668 US

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.

SIGNATURE: JAMIE K. MICK

03/10/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: CANDELORA, PETER
Address: 5015 WESTSHORE DRIVE
City-St-Zip: NEW PORT RICHEY, FL 34652 US

Title: MGRM () Delete
Name: VANBEBBER, GREG
Address: 132 WHITAKER ROAD, SUITE A
City-St-Zip: LUTZ, FL 33549 US

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: JAMIE K. MICK

AGT.

03/10/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date