## 2007 LIMITED LIABILITY COMPANY

## Apr 25, 2007 8:00 am Secretary of State ANNUAL REPORT **DOCUMENT # L04000035079** 04-25-2007 90038 019 \*\*\*\*50.00 TAMADAVE, LLC Principal Place of Business Mailing Address 3670 N. US HWY 1 3670 N. US HWY 1 600 40332 COCOA, FL 32926 US COCOA, FL 32926 04232007 No Chg-LLC CR2E083 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 20-1104138 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent JOHNSON, TAMARA L DO NOT WRITE 3670 N. US HWY 1 COCOA, FL 32926 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 Filing Fee is \$50.00 Due by May 1, 2007 MANAGING MEMBERS/MANAGERS 9. MGR TITLE JOHNSON, TAMARA L NAME 3670 N HWY 1 STREET ADDRESS CITY - ST - ZIP COCOA, FL 32926 MGR JOHNSON, DAVID S 3670 N HWY 1 STREET ADDRESS CITY -ST-ZIP COCOA, FL 32926 TITLE NAME STREET ADDRESS DO NOT WRITE CITY - ST - ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY - ST - ZIP TITLE NAME STREET ADDRESS

11. I hereby certify that the information supplied with this filling 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** 

CITY - ST - ZIP TITLE

STREET ADDRESS CITY-ST-ZIP

**FILED**