

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
May 11, 2006 8:00 am
Secretary of State

05-11-2006 90020 014 ****55.00

DOCUMENT # L04000041776

1. Entity Name

T.F. & S - LLC



Principal Place of Business

1710 VALPARAISO BLVD
NICEVILLE FL 32578

Mailing Address

1710 VALPARAISO BLVD
NICEVILLE FL 32578

Home

Home

2. Principal Place of Business

Home 200 Alongo crt

3. Mailing Address

200 Alongo crt

Suite, Apt. #, etc.

Suite, Apt. #, etc.



1st MOORE

CR2E083 (10/05)

City & State

Niceville FL

City & State

Niceville FLA.

4. FEI Number

14-1909484

Applied For

Not Applicable

Zip

32578

Country

OKALOOSA

Zip

32578

Country

OKALOOSA

5. Certificate of Status Desired

☒ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

RICHARD, TODD

1710 VALPARAISO BLVD
NICEVILLE FL 32578

200 Alongo crt

Niceville FL 32578

7. Name and Address of New Registered Agent

Name

Todd Richard

Street Address (P.O. Box Number is Not Acceptable)

200 Alongo crt

City

Niceville

FL

Zip Code

32578

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

Todd Richard

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

(NOTE: Registered Agent signature required when reinstating)

DATE

5/2/06

FILE NOW!!! FEE IS \$50.00

Make Check Payable to Florida Department of State

Due By May 1, 2006

9. MANAGING MEMBERS/MANAGERS

TITLE MGR ☐ Delete
NAME RICHARD, TODD D
STREET ADDRESS 1710 VALPARAISO BLVD
CITY-ST-ZIP NICEVILLE FL 32578

TITLE MGRM ☒ Delete
NAME RICHARD, TODD D JR
STREET ADDRESS 1710 VALPARAISO BLVD
CITY-ST-ZIP NICEVILLE FL 32578

TITLE MGRM ☒ Delete
NAME RICHARD, CHRISTOPHER J
STREET ADDRESS 1710 VALPARAISO BLVD
CITY-ST-ZIP NICEVILLE FL 32578

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

Todd Richard

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

Date

Daytime Phone #