


# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jun 30, 2008 8:00 am**  
**Secretary of State**

06-30-2008 90078 011 \*\*\*143.75

<b>DOCUMENT # L04000041776</b> 1. Entity Name T.F. & S - LLC					
Principal Place of Business 200 ALONZO CRT NICEVILLE, FL 32578			Mailing Address 200 ALONZO CRT NICEVILLE, FL 32578		
2. Principal Place of Business - No P.O. Box # <i>Home</i>		3. Mailing Address <i>4633 E. Hwy 20</i>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State <i>Niceville FL</i>		City & State		4. FEI Number 14-1909484	
Zip <i>32578</i>		Zip		Country	
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$5.00 Additional Fee Required</b>				<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent  RICHARD, TODD 200 ALONZO CRT NICEVILLE, FL 32578 <i>NOT correct</i>			7. Name and Address of New Registered Agent  Name <i>Todd Richard</i> Street Address (P.O. Box Number is Not Acceptable) <i>4633 E. Hwy 20</i> City <i>Niceville</i> <span style="float: right;">FL <i>32578</i></span>		
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 <i>Todd Richard</i> <span style="float: right;">6-27-08</span> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$138.75 Due by September 12, 2008</b>		In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.		Make check payable to <b>Florida Department of State</b>	
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR RICHARD, TODD D 1710 VALPARAISO BLVD NICEVILLE, FL 32578		<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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: <i>Todd Richard</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					
<small>Date</small>				<small>Daytime Phone #</small>	

50007712

