


# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jan 11, 2008 8:00 am**  
**Secretary of State**

01-11-2008 90079 031 \*\*\*138.75

<b>DOCUMENT # L04000046404</b> 1. Entity Name T.B.V., L.L.C.					
Principal Place of Business 2001 16TH STREET NORTH ST. PETERSBURG, FL 33704			Mailing Address 2001 16TH STREET NORTH ST. PETERSBURG, FL 33704		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>20-1272401</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent  JENSEN, PAUL C 2001 16TH STREET NORTH ST. PETERSBURG, FL 33704				7. Name and Address of New Registered Agent  Name  Street Address (P.O. Box Number is Not Acceptable)  City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$138.75</b> <b>After May 1, 2008 Fee will be \$538.75</b>		Make check payable to <b>Florida Department of State</b>			
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR JENSEN, PAUL C 2001 16TH STREET NORTH ST. PETERSBURG, FL 33704		<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	MGR MEROLA, JOSEPH J JR. 6034 7TH AVENUE NORTH ST. PETERSBURG, FL 33710		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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>Paul Jensen, Mgr</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>				Date: <i>1-9-08</i> Daytime Phone #: <i>727-825-0099</i>	