

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 03, 2006 8:00 am
Secretary of State

05-03-2006 90025 019 ****55.00

DOCUMENT # L04000047683

1. Entity Name
TDE MARKETING, LLC



Principal Place of Business
**4303 KANDRA CT
ORLANDO, FL 32812 US**

Mailing Address
**P O BOX 622501
ORLANDO, FL 32862 US**

00000106



04302006 Chg-LLC CR2E083 (11/05)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number
20-1527823

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**ELLIS, SONJA D
4303 KANDRA COURT
ORLANDO, FL 32812**

Name **Nichole Ellis**
Street Address (P.O. Box Number is Not Applicable)
4303 Kandra Ct

City **Orlando**

FL

Zip Code **32812**

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 obligation of registered agent.

SIGNATURE

Nichole Ellis

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, 2006**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE **MGR** ☒ Delete
NAME **ROGERS, WILL J**
STREET ADDRESS **4303 KANDRA COURT**
CITY-ST-ZIP **ORLANDO, FL 32812**

TITLE **PRESIDENT, OWNER, MGR** ☐ Change ☒ Addition
NAME **SONJA D ELLIS**
STREET ADDRESS **4303 Kandra Ct**
CITY-ST-ZIP **ORLANDO, FL 32812**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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CITY-ST-ZIP

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:

Sonja D. Ellis

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

4/28/06 407-858-5747

Date Daytime Phone #