


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Sep 04, 2007 8:00 am
Secretary of State

09-04-2007 90083 036 ****50.00

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
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60055415



2. Principal Place of Business - No P.O. Box #		3. Mailing Address P.O. Box 622501	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State ORLANDO FL	
Zip	Country	Zip 32862-0841	Country USA

08312007 Chg-LLC CR2E083 (12/06)

4. FEI Number 20-1527823	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent ELLIS, NICHOLE 4303 RANDRA CT ORLANDO, FL 32812	
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7. Name and Address of New Registered Agent Name Nichole Ellis Street Address (P.O. Box Number is Not Acceptable) 4303 Kandra Ct City ORLANDO FL Zip Code 32812	
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$50.00 Due by September 14, 2007	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ELLIS, SONJA D 4303 KANDRA CT ORLANDO, FL 32812 <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: Sonja Ellis 8/21/2007 407 362-9173
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #