

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000052257

Entity Name: TIS THE SEASON, LLC

FILED
May 01, 2006
Secretary of State

Current Principal Place of Business:

1703 S. MARY ST.
EUSTIS, FL 32726

New Principal Place of Business:

Current Mailing Address:

252 ARDICE AVE
104
EUSTIS, FL 32726

New Mailing Address:

FEI Number: 16-1703937 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

MARCHAND, JOANN C
1703 S. MARY ST.
EUSTIS, FL 32726 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: MARCHAND, PAUL E
Address: 1703 S. MARY ST.
City-St-Zip: EUSTIS, FL 32726

Title: MGR () Delete
Name: MARCHAND, JOANN C
Address: 1703 S. MARY ST.
City-St-Zip: EUSTIS, FL 32726

Title: MGR () Delete
Name: BISHOP, STEVEN
Address: 38253 CR 439
City-St-Zip: EUSTIS, FL 32736

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: JOANN MARCHAND

MGR

05/01/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date