

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 19, 2007 08:00 AM
Secretary of State

DOCUMENT # L04000073548

1. Entity Name
THRODAHL ENTERPRISES, LLC



Principal Place of Business

**3254 MASTERS DRIVE
CLEARWATER, FL 33761**

Mailing Address

**3254 MASTERS DRIVE
CLEARWATER, FL 33761**



01032007 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-1235691

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**THRODAHL, PETER J
3254 MASTERS DRIVE
CLEARWATER, FL 33761**

**DO NOT WRITE
IN THIS SPACE**

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 _____

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, 2007**

U000000593323
01/22/07-80026-022 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	THRODAHL, PETER J
STREET ADDRESS	3254 MASTERS DRIVE
CITY-ST-ZIP	CLEARWATER, FL 33761
TITLE	MGRM
NAME	THRODAHL, KATHLEEN
STREET ADDRESS	3254 MASTERS DR.
CITY-ST-ZIP	CLEARWATER, FL 33761
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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IN THIS SPACE**

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:

Peter J. Throdahl **Peter J. Throdahl**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Dayside Phone #

1/13/07 **1/13/07**
727-710-3444