

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 17, 2008 08:00 A
Secretary of State

DOCUMENT # L04000079233

1. Entity Name
TEAMVEST LLC



Principal Place of Business
**4302 POWDERHORN COURT
MIDDLEBURG, FL 32068**

Mailing Address
**4302 POWDERHORN COURT
MIDDLEBURG, FL 32068**



03032008 No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-1834872

Applied For
☐ Not Applicable

5. Certificate of Status Desired

☒ **\$5.00 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**TAYLOR, DEBORAH
3945 ST JOHNS AVENUE
JACKSONVILLE, FL 32205**

**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 reconstituting)

DATE

**FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	INGRAM, SONJA
STREET ADDRESS	4302 POWDERHORN COURT
CITY- ST- ZIP	MIDDLEBURG, FL 32068
TITLE	MGR
NAME	PENSCO TRUST CO CUST FBO MARY FEENEY
STREET ADDRESS	10878 SCOTT MILL ROAD
CITY- ST- ZIP	JACKSONVILLE, FL 32223
TITLE	MGR
NAME	PENSCO TRUST CO CUST FBO JOHN FEENEY
STREET ADDRESS	10878 SCOTT MILL ROAD
CITY- ST- ZIP	JACKSONVILLE, FL 32223
TITLE	MGR
NAME	PENSCO TRUST CO CUST FBO RICHARD ELBRACHT
STREET ADDRESS	1557 GREENRIDGE CIRCLE W.
CITY- ST- ZIP	JACKSONVILLE, FL 32259
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

**DO NOT WRITE
IN THIS SPACE**

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04/03/08-80044-004-143.75

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:

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

Date

Daytime Phone #

Sonja Ingram, MGR 3-12-08

904 333-7765