2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

Apr 03, 2006 08:00 AM Secretary of State **DOCUMENT # L04000080778** 1. Entity Name TAMA LLC Principal Place of Business Mailing Address 2200 N.E. 33 AVE., #10-F FT. LAUDERDALE FL 33305 2200 N.E. 33 AVE., #10-F FT. LAUDERDALE FL 33305 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite. Apt. #, etc. 1st MOORE CR2E083 (10/05) Applied For City & State City & State 4. FEI Number 20-1859335 Not Applicat Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name ALFONSO, MERCEDES J 2200 N.E. 33 AVE., #10-F Street Address (P.O. Box Number is Not Acceptable) FT. LAUDERDALE FL 33305 Zip Code City Fl 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, (NOTE: Registered Agent signifiliar required when reinstitling) DATE FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2006 MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 9. 10. TITLE Delete TITLE ☐ Change Addition | U0000049015 NAME ALFONSO, MERCEDES J NAME 04/18/06-80043-022 50.00 STREET ADDRESS STREET ADDRESS 2200 N.E. 33 AVE., #10-F CITY-ST-ZIP CITY-ST-ZIP FT. LAUDERDALE FL 33305 Addition THLE Change THE MGRM ☐ Defeto NAME MAME ALFONSO, RENE J STREET ADDRESS STREET ADDRESS 2200 N.E. 33 AVE., #10-F C/TY - ST - 2*P CITY-ST-ZIP FT. LAUDERDALE FL 33305 ☐ Change Acdition mu ☐ Delete Title MGRM ALFONSO, TANIA N NAME MASTE STREET ADDRESS STREET ADDRESS 2200 N.E. 33 AVE., #10-F CITY-ST-ZIP CHY-ST-ZIP FT. LAUDERDALE FL 33305 Detete HILE ☐ Change ■ Addition 33318 NAME MARIE STRUCT ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete ☐ Change Addition BBS nneNAME MAATE STREET ADDRESS STREET ADDRESS City-Si-ZiP CITY-ST-ZIP □ Change ☐ Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CHY-ST-ZIP CITY-ST-ZIP 11. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Section 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.

MUCE DE J. OLFOTICO MERCE DES J. AL FOLIS.

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

FILED

3/20/06