

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Mar 18, 2005 8:00 am**  
**Secretary of State**

03-18-2005 90383 020 \*\*\*\*50.00

**DOCUMENT # L04000087817**

1. Entity Name  
TSC HOLDINGS LLC



Principal Place of Business  
555 NE 15 ST  
SUITE 102  
MIAMI, FL 33132

Mailing Address  
555 NE 15 ST  
SUITE 102  
MIAMI, FL 33132

20022231



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

03042005 Chg-LLC CR2E083 (10/03)

4. FEL Number

52-2447453

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

KIDWELL, BRIAN  
555 NE 15 ST  
SUITE 102  
MIAMI, FL 33132

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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, 2005**

Make check payable to  
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGR ☐ Delete  
NAME KIDWELL, BRIAN  
STREET ADDRESS 555 NE 15 ST  
CITY-ST-ZIP MIAMI, FL 33132

TITLE MGR ☐ Change ☒ Addition  
NAME KIDWELL, BRIAN + TARA  
STREET ADDRESS 555 NE 15 ST Suite 102  
CITY-ST-ZIP MIAMI FLA 33132

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition  
NAME CHARLES SOFGE  
STREET ADDRESS 555 NE 15 ST Suite 102 MGR  
CITY-ST-ZIP MIAMI FLA 33132

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition  
NAME FLORA SCHUMER  
STREET ADDRESS 555 NE 15 ST Suite 102 MGR  
CITY-ST-ZIP MIAMI FLA 33132

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Brian G. Kidwell Brian G. Kidwell

03/14/05

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

Date Daytime Phone #