

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 13, 2006 8:00 am
Secretary of State

04-03-2006 90071 001 ****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**

DO NOT WRITE IN THIS SPACE



03152006No Chg-LLC

CR2E083 (11/05)

4. FEI 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

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

**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 reappointing)

DATE

**Filing Fee is \$50.00
Due by May 1, 2006**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
KIDWELL, BRIAN
555 NORTHEAST 15 STREET SUITE 102
MIAMI, FL 33132**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
KIDWELL, TARA
555 NORTHEAST 15 STREET SUITE 102
MIAMI, FL 33132**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
SOFGE, CHARLES
555 NORTHEAST 15 STREET SUITE 102
MIAMI, FL 33132**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
SCHUMLER, FLORA
555 NORTHEAST 15 STREET SUITE 102
MIAMI, FL 33132**

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:

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

Date

Daytime Phone #

4/10/06