

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Feb 15, 2006 8:00 am
Secretary of State

02-15-2006 90135 024 ****55.00

DOCUMENT # L05000003301

1. Entity Name

TARNOWSKI & ASSOCIATES, LLC



Principal Place of Business

4613 UNIVERSITY DRIVE

~~#200~~
CORAL SPRINGS FL ~~33076~~ 33067
US

Mailing Address

4613 UNIVERSITY DRIVE

~~#200~~
CORAL SPRINGS FL ~~33076~~ 33067
US



2. Principal Place of Business

120 EAST OAKLAND PARK

Suite, Apt. #, etc.
105-A

City & State

PORT LAUDERDALE, FL

Zip
33334

Country

USA

3. Mailing Address

EL. 4613 N. UNIVERSITY DRIVE

Suite, Apt. #, etc.

City & State

CORAL SPRINGS, FL

Zip

33067

Country

USA

1st MOORE

CR2E083 (10/05)

4. FEI Number

20-4010273

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

TARNOWSKI, GARY

4613 N. UNIVERSITY DRIVE

~~#200~~
CORAL SPRINGS FL 33067

7. Name and Address of New Registered Agent

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

Gary Tarnowski

(NOTE: Registered Agent signature required when terminating)

02-02-06

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2006

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MGRM
TARNOWSKI, GARY
4613 UNIVERSITY DRIVE ~~#200~~
CORAL SPRINGS FL ~~33076~~ 33067

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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10. ADDITIONS/CHANGES

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CITY - ST - ZIP
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11. I hereby certify that the information supplied with this filing 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.

SIGNATURE:

Gary Tarnowski

02-02-06

954-227-8787

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

Date

Daytime Phone #