

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
May 09, 2007 8:00 am
Secretary of State

05-09-2007 90035 032 ****50.00

DOCUMENT # L05000009400

1. Entity Name

TIMOTHY FOSTER, PH.D., LLC.



Principal Place of Business

2908 W. WATERS AVE
401
TAMPA, FL 33614

Mailing Address

8639 N. Himes Ave
#3221
TAMPA, FL 33614

DO NOT WRITE IN THIS SPACE



01122007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number

20-2255794

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

FOSTER, TIMOTHY

2908 W. WATERS AVE #101
TAMPA, FL 33614

8639 N. Himes Ave
#3221
Tampa, FL 33614

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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 reinstating)

DATE

**Filing Fee is \$50.00
Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
FOSTER, TIMOTHY
8639 N. HIMES AVE #3221
TAMPA, FL 33614

TITLE
NAME
STREET ADDRESS
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 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 #