

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 06, 2006 8:00 am
Secretary of State

02-06-2006 90167 014 ****50.00

DOCUMENT # L05000011501

1. Entity Name
TDI FINANCIAL SERVICES LLC



Principal Place of Business

11801 NW 101 RD
#5
MEDLEY, FL 33187

Mailing Address

11801 NW 101 RD
#5
MEDLEY, FL 33187

20005037



2. Principal Place of Business

9800 NW 100 Rd

3. Mailing Address

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01262006 Chg-LLC CR2E083 (11/05)

City & State

Medley, FL

City & State

4. FEI Number

20-2367167

Applied For

Not Applicable

Zip

33178

Country

USA

Zip

Country

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

MCDONOUGH, CHRISTOPHER
11801 NW 101 RD
#5
MEDLEY, FL 33178

7. Name and Address of New Registered Agent

Name

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

9800 NW 100 ROAD

City

MEDLEY

FL

Zip Code

33178

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

2/2/06

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

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE MGR
NAME MCDONOUGH, CHRISTOPHER
STREET ADDRESS 11801 NW 101 RD #5
CITY-ST-ZIP MEDLEY, FL 33178 ☐ Delete

TITLE MGR
NAME LUGIOYO, RAFAEL A
STREET ADDRESS 11801 NW 101 RD #5
CITY-ST-ZIP MEDLEY, FL 33178 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

10. ADDITIONS/CHANGES

TITLE MGR
NAME MCDONOUGH, CHRISTOPHER ☒ Change ☐ Addition
STREET ADDRESS 9800 NW 100 ROAD
CITY-ST-ZIP MEDLEY, FL 33178

TITLE MGR
NAME LUGIOYO, RAFAEL A ☒ Change ☐ Addition
STREET ADDRESS 9800 NW 100 ROAD
CITY-ST-ZIP MEDLEY, FL 33178

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

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

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

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

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, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

2/2/06