

2006 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# L05000011501

FILED
Sep 07, 2006
Secretary of State

Entity Name: TDI FINANCIAL SERVICES LLC

Current Principal Place of Business:

9800 NW 100 RD
MIAMI, FL 33178

New Principal Place of Business:

Current Mailing Address:

11801 NW 101 RD
#5
MEDLEY, FL 33187

New Mailing Address:

9800 NW 101 RD
MEDLEY, FL 33178

FEI Number: 20-2307167

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MCDONOUGH, CHRISTOPHER
9800 NW 100 RD
MIAMI, FL 33178 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: MCDONOUGH, CHRISTOPHER
Address: 9800 NW 100 RD
City-St-Zip: MIAMI, FL 33178

Title: MGRM () Delete
Name: LUGIOYO, RAFAEL A
Address: 9800 NW 100 33178
City-St-Zip: MEDLEY, FL 33178

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGR (X) Change () Addition
Name: LUGIOYO, RAFAEL A
Address: 9800 NW 100 33178
City-St-Zip: MEDLEY, FL 33178

Title: MGR () Change (X) Addition
Name: FERNANDEZ, MANUEL M
Address: 4650 SW 15 STREET
City-St-Zip: MIAMI, FL 33134

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: RAFAEL A. LUGIOYO

MGR

09/07/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date