


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

04-20-2006 90023 047 *****50.00
L05000025335

DOCUMENT # L05000025335		
1. Entity Name T-TAPP MUNDIAL, LLC		

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

2006 JUN 15 AM 11:38

Principal Place of Business 105 PARK STREET SAFETY HARBOR, FL 34695	Mailing Address 105 PARK STREET SAFETY HARBOR, FL 34695
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2. Principal Place of Business 2905 EAGLE ESTATES CIR S Suite, Apt. #, etc.	3. Mailing Address 2905 EAGLE ESTATES CIR S Suite, Apt. #, etc.
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04152006 Chg-LLC CR2E083 (11/05)

City & State CLEARWATER FL	City & State CLEARWATER FL
Zip 33761	Country

4. FEI Number 20-2736441	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent DELP, PAOLA 105 PARK STREET SAFETY HARBOR, FL 34695	
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7. Name and Address of New Registered Agent Name PAOLA DELP Street Address (P.O. Box Number is Not Acceptable) 2905 EAGLE ESTATES CIR S City CLEARWATER FL Zip Code 33761	
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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 <i>Paula Delp</i> DATE 4/17/06 <small>Signature typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	
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Filing Fee is \$50.00 Due by May 1, 2006	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR DELP, PAOLA 105 PARK STREET SAFETY HARBOR, FL 34695 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR DELP, PAOLA 2905 EAGLE ESTATES CIR S CLEARWATER FL 33761 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: <i>Paula Delp</i> DATE 4/17/06 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>	
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