

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)


FILED
Feb 24, 2006 8:00 am
Secretary of State

01-26-2006 90068 025 ****55.00

30001012



1st MOORE CR2E083 (10/05)

DOCUMENT # L05000026187					
1. Entity Name TD LEASING, LLC					
Principal Place of Business 4623 PARK STREET JACKSONVILLE FL 32205			Mailing Address 4623 PARK STREET JACKSONVILLE FL 32205		
2. Principal Place of Business 10028 San Jose Blvd		3. Mailing Address Suite, Apt. #, etc.			
City & State Jacksonville, FL		City & State Jacksonville, FL		4. FEI Number 59-3801238	
Zip 32257	Country Duval	Zip 32257	Country Duval	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent HERRING, DOUGLAS A 4623 PARK STREET JACKSONVILLE FL 32205			7. Name and Address of New Registered Agent Douglas A Herring Street Address (P.O. Box Number is Not Acceptable) 10028 San Jose Blvd City Jacksonville, FL Zip Code 32257		
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 _____ (NOTE: Registered Agent signature required when resigning) 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	Owner President <input type="checkbox"/> Delete Douglas A Herring 320 Sweetbrier Branch Lane Jacksonville, FL 32256				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Owner - V. Pres / Sec <input type="checkbox"/> Delete Timothy W. Young 8270 Hunters Grove Rd Jacksonville, FL 32256				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete				
10. ADDITIONS / CHANGES					
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
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 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: <u>Douglas A Herring</u> Date: <u>1/24/06</u> Daytime Phone #: <u>904 389 2353</u>					



ATTACHMENT
30001012

FLORIDA DEPARTMENT OF STATE
Division of Corporations

ret 2/1/06

January 31, 2006

TD LEASING, LLC
4623 PARK STREET
JACKSONVILLE, FL 32205

Subject: TD LEASING, LLC

Reference Number: L05000026187

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$55.00; however, the report **has not been filed** and a copy is being returned for the following correction(s):

Provide the title(s) of each manager, managing member or principal listed on the report or on an attachment.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 6478, Tallahassee, Florida 32314 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 245-6051.

/JE

ANNUAL REPORTS SECTION