

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
May 04, 2006 8:00 am
Secretary of State

05-04-2006 90022 015 ****50.00

DOCUMENT # L05000026281

1. Entity Name

TAMIAMI HOLDINGS LLC



Principal Place of Business

7875 SW 104TH ST
MIAMI FL 33156

Mailing Address

7875 SW 104TH ST, STE 103
MIAMI FL 33156



2. Principal Place of Business

18001 OLD CUTLER RD.

Suite, Apt. #, etc.

476

3. Mailing Address

18001 OLD CUTLER RD.

Suite, Apt. #, etc.

476

1st MOORE

CR2E083 (10/05)

City & State

PALMETTO BAY FL

Zip
33157

Country

USA

City & State

PALMETTO BAY FL

Zip
33157

Country

USA

4. FEI Number

52-2454801

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

PRENDES, RYAN J
7875 SW 104TH ST, STE 103
MIAMI FL 33156

7. Name and Address of New Registered Agent

Name

PRENDES, RYAN J.

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

18001 OLD CUTLER RD SUITE 476

City

PALMETTO BAY

FL

Zip Code

33157

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

Ryan Prendes

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

4/25/06

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
MGRM
PRENDES, RYAN J
7875 SW 104TH ST
MIAMI FL 33156 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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CITY-ST-ZIP ☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
PRENDES, RYAN J.
18001 OLD CUTLER RD. SUITE
PALMETTO BAY FL 33157 ☒ 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

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 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:

Ryan Prendes

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

4/25/06 (305) 234-3004

Date

Daytime Phone #