


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 12, 2007 08:00 AM
Secretary of State

DOCUMENT # L05000027495 1. Entity Name TSA DESIGN, LLC	
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Principal Place of Business 607 NORTH BLVD, W DAVENPORT, FL 33837 US	Mailing Address PO BOX 7 DAVENPORT, FL 33836-0007 US
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DO NOT WRITE IN THIS SPACE

02052007 No Chg-LLC CR2E083 (11/05)

4. FEI Number 20-2624975	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

ADAMS, TANGELA S
607 NORTH BLVD, W
DAVENPORT, FL 33837

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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 _____ (NOTE: Registered Agent signature required when reappointing) DATE _____

Filing Fee is \$50.00 Due by May 1, 2007

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM ADAMS, TANGELA S 607 NORTH BLVD, W DAVENPORT, FL 33837
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02/21/07-80039-011 50.00

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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: Tangela S. Adams Mgrm 2/5/07 863-422-7588

SIGNATURE AND TITLE OF SUBmitter, NAME OF SIGNING MANAGING MEMBER OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #