

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 14, 2006 8:00 am
Secretary of State

04-14-2006 90031 023 ****50.00

DOCUMENT # L05000038179

1. Entity Name
TEAMPA, LLC



Principal Place of Business
**5223 GATE LAKE ROAD
TAMARAC, FL 33319**

Mailing Address
**5223 GATE LAKE ROAD
TAMARAC, FL 33319**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

02232006 Chg-LLC CR2E083 (11/05)

City & State

City & State

4. FEI Number
20-2704597

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SAWYER, THOMAS R II
6550 N FEDERAL HWY
SUITE 330
FORT LAUDERDALE, FL 33319**

Name
AMBER CASTRO

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

5223 GATE LAKE RD

City **TAMARAC** FL Zip Code **33319**

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

Amber Castro

Amber Castro

4/10/06

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00
Due by May 1, 2006**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
DEVELDER, PAMELA J
5223 GATE LAKE ROAD
TAMARAC, FL 33319** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
CASTRO, TEMPLE J
5223 GATE LAKE ROAD
TAMARAC, FL 33319** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
CASTRO, AMBER C
5223 GATE LAKE ROAD
TAMARAC, FL 33319** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
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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: *Pamela DeVelder* **Pamela DeVelder** *4/10/06* *954-784-2757*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #