

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 13, 2007 08:00 AM**  
**Secretary of State**

**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**



04092007 No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**20-2704597**

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**CASTRO, AMBER  
5223 GATE LAKE RD  
TAMARAC, FL 33319**

**DO NOT WRITE  
IN THIS SPACE**

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

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

(NOTE: Registered Agent signature required when re-registering)

DATE

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

**9. MANAGING MEMBERS/MANAGERS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DEVELDER, PAMELA J 5223 GATE LAKE ROAD TAMARAC, FL 33319
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CASTRO, TEMPLE J 5223 GATE LAKE ROAD TAMARAC, FL 33319
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CASTRO, AMBER C 5223 GATE LAKE ROAD TAMARAC, FL 33319
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04/23/07-80022-001 50.00

**DO NOT WRITE  
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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:**

*Amber Castro*

*April 10, 2007 (954) 784-2757*

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

Date

Daytime Phone #