


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 11, 2008 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
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DO NOT WRITE IN THIS SPACE



01072008No Chg-LLC CR2E083 (12/07)

4. FEI Number 20-2704597	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent

CASTRO, AMBER
5223 GATE LAKE RD
TAMARAC, FL 33319

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

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

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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01/14/08-80028-021 138.75

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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 1/8/08 954-784-2757

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #