



**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
May 09, 2007 08:00 A
Secretary of State

DOCUMENT # L05000045897 1. Entity Name TIM MYLOD ASSOCIATES, LLC	
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Principal Place of Business 3763 HUNT CLUB ROAD JACKSONVILLE, FL 32224	Mailing Address 3763 HUNT CLUB ROAD JACKSONVILLE, FL 32224
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DO NOT WRITE IN THIS SPACE


05032007 No Chg-LLC CR2E083 (11/05)
4. FEI Number
20-2812817
5. Certificate of Status Desired ☒ **\$5.00** Additional Fee Required
Applied For
Not Applicable

6. Name and Address of Current Registered Agent
**MYLOD, TIMOTHY I
3763 HUNT CLUB ROAD
JACKSONVILLE, FL 32224**

**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 _____ (NOTE: Registered Agent signature required when re-registering) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

**Filing Fee is \$50.00
Due by September 14, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MYLOD, TIMOTHY I 3763 HUNT CLUB ROAD JACKSONVILLE, FL 32224
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05/29/07-80030-006 55.00

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: Timothy I. Mylod **5/9/07 904-223-5171**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #