


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT


FILED
May 01, 2008 08:00 AM
Secretary of State

DOCUMENT # L05000056476
 1. Entity Name
 TENN SENTS, L.L.C.



Principal Place of Business Mailing Address
 6595 59TH LN NORTH P.O. BOX 2934
 PINELLAS PARK, FL 33781 PINELLAS PARK, FL 33780

DO NOT WRITE IN THIS SPACE



04282008No Chg-LLC CR2E083 (12/07)

4. FEI Number 59-3208994	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

CALHOUN, FAY I
 6595 59TH LANE NORTH
 PINELLAS PARK, FL 33781

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

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

05/27/08-80030-014 138.75

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CALHOUN, FAY I P.O. BOX 2934 PINELLAS PARK, FL 33780
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CALHOUN, ROBERT O P.O. BOX 2934 PINELLAS PARK, FL 33780
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CALHOUN, CHAD 4827 20TH ST N SAINT PETERSBURG, FL 33714
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CALHOUN, JOLENE 4827 20TH ST NORTH SAINT PETERSBURG, FL 33714
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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: Fay I. Calhoun Date: 4/28/08 Daytime Phone #: 727-544-5020

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