

**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 26, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # L05000058294**

1. Entity Name  
TFA II, LLC



Principal Place of Business

115 TIMBERLACHEN CR  
SUITE 2001  
LAKE MARY, FL 32746

Mailing Address

115 TIMBERLACHEN CR  
SUITE 2001  
LAKE MARY, FL 32746



04252007 No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
36-4575764

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

CERASOLI, FRANK  
115 TIMBERLACHEN CR  
SUITE 2001  
LAKE MARY, FL 32746

**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 reinstating)

DATE

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

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	CERASOLI, FRANK
STREET ADDRESS	115 TIMBERLACHEN CR, SUITE 2001
CITY - ST - ZIP	LAKE MARY, FL 32746
TITLE	MGR
NAME	FULLER, GEORGE
STREET ADDRESS	115 TIMBERLACHEN CR, SUITE 2001
CITY - ST - ZIP	LAKE MARY, FL 32746
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

U00000735523  
05/10/07-80037-007 50.00

**DO NOT WRITE  
IN THIS SPACE**

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:**

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

Date

Daytime Phone #