

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Aug 31, 2007 08:00 A
Secretary of State

DOCUMENT # L05000060431

1. Entity Name
TOWN LIMITED COMPANY



Principal Place of Business
**P.O. BOX 180972
TALLAHASSEE, FL 32318**

Mailing Address
**P.O. BOX 180972
TALLAHASSEE, FL 32318**



08292007 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
41-2179977

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**THOMPSON, SUSAN S
3520 THOMASVILLE ROAD, 4TH FLOOR
TALLAHASSEE, FL 32309**

**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 September 14, 2007**

U000000773146
09/31/07-80002-018 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	ZARZA, PAUL H
STREET ADDRESS	P.O. BOX 180972
CITY-ST-ZIP	TALLAHASSEE, FL 32318
TITLE	MGRM
NAME	ZARZA, KAY
STREET ADDRESS	P.O. BOX 180972
CITY-ST-ZIP	TALLAHASSEE, FL 32318
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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 #

8-29-07 850 545 6463