

**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**May 04, 2007 8:00 am**  
**Secretary of State**

05-04-2007 90306 013 \*\*\*\*50.00

**DOCUMENT # L05000069064**

1. Entity Name  
**TIGER CONTRACTING, LLC**



Principal Place of Business **4025 So Pk Rd Lakeland** Mailing Address

**500 SOUTH FLORIDA AVENUE PO Box 7050**  
**SUITE 201 SUITE 201**  
**LAKELAND, FL 33801 US FL 33811 LAKELAND, FL 33801 US Lakeland FL 33807-7050**

**60048438**



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04202007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number  
**20-3140752**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

**CAMPBELL, TIMOTHY F**  
**500 SOUTH FLORIDA AVENUE**  
**SUITE 800**  
**LAKELAND, FL 33801**

**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  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**MGRM**  
**TIGER HOLDINGS, LLC**  
**4025 SOUTH PIPKIN ROAD**  
**LAKELAND, FL 33811**

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:**

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

Date

Daytime Phone #

**4-23-07 863-680-2293**