



2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 04, 2006 8:00 am
Secretary of State

05-04-2006 90033 026 ****50.00

DOCUMENT # L05000080089 1. Entity Name TNT INVESTMENT GROUP OF CENTRAL FLORIDA, L.L.C.					
Principal Place of Business 2516 PATRIDGE DRIVE, S.E. WINTER HAVEN, FL 33884			Mailing Address 2516 PATRIDGE DRIVE, S.E. WINTER HAVEN, FL 33884		
2. Principal Place of Business 4100 Masterpiece Rd. Suite, Apt. #, etc.		3. Mailing Address 4100 Masterpiece Rd. Suite, Apt. #, etc.			
City & State Lake Wales, FL Zip Country 33898 U.S.		City & State Lake Wales, FL Zip Country 33898 U.S.		4. FEI Number 20-3400684 Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				04242006 Chg-LLC CR2E083 (11/05)	
6. Name and Address of Current Registered Agent NGUYEN, TOM 2516 PATRIDGE DRIVE, S.E. WINTER HAVEN, FL 33884				7. Name and Address of New Registered Agent Name Tom Nguyen Street Address (P.O. Box Number is Not Acceptable) 4100 Masterpiece Road City Lake Wales FL Zip Code 33898	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$50.00 Due by May 1, 2006				Make check payable to Florida Department of State	
<div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> 9. MANAGING MEMBERS/MANAGERS </div> <div style="width: 48%;"> 10. ADDITIONS/CHANGES </div> </div>					
TITLE NAME STREET ADDRESS CITY-ST-ZIP MGRM NGUYEN, TOM 2516 PATRIDGE DRIVE, S.E. WINTER HAVEN, FL 33884 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP MGRM Tom Nguyen 4100 Masterpiece Rd. Lake Wales, FL 33898 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition		
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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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					
				Date _____ Daytime Phone # _____	