

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 16, 2007 8:00 am**  
**Secretary of State**

04-16-2007 90351 038 \*\*\*\*50.00

**DOCUMENT # L05000097602**

1. Entity Name  
**TIENTA HOLDINGS, L.L.C.**



Principal Place of Business  
**2295 SOUTH HIAWASSEE ROAD, SUITE 318  
ORLANDO, FL 32835-8747**

Mailing Address  
**2295 SOUTH HIAWASSEE ROAD, SUITE 318  
ORLANDO, FL 32835-8747**

**60037183**

2. Principal Place of Business - No P.O. Box #  
**1508 E Concord St.**  
Suite, Apt. #, etc.

3. Mailing Address  
**1508 E Concord St.**  
Suite, Apt. #, etc.



01092007 Chg-LLC CR2E083 (12/06)

City & State  
**Orlando FL**  
Zip  
**32803**  
Country  
**US**

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**Orlando FL**  
Zip  
**32803**  
Country  
**US**

4. FEI Number  
**20-3614737**  
Applied For  
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$5.00** Additional Fee Required

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

**APPEL, JEFFREY E  
5116 SOUTH LAKELAND DRIVE  
LAKELAND, FL 33813-2500**

**7. Name and Address of New Registered Agent**

Name  
Street Address (P.O. Box Number is Not Acceptable)  
City **FL** Zip Code

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 **1-9-7**  
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**

**Make check payable to  
Florida Department of State**

**9. MANAGING MEMBERS/MANAGERS**

TITLE **D** ☐ Delete  
NAME **TURNER, CASSIE**  
STREET ADDRESS **P.O. BOX 1125**  
CITY-ST-ZIP **WINDERMERE, FL 347861125**

TITLE **D** ☐ Delete  
NAME **MASON TURNER OF THE CHESSMAN GROUP, LLC**  
STREET ADDRESS **2295 SOUTH HIAWASSEE ROAD, SUITE 318**  
CITY-ST-ZIP **ORLANDO, FL 328358747**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**10. ADDITIONS/CHANGES**

TITLE **D** ☒ Change ☐ Addition  
NAME **Turner, Cassie**  
STREET ADDRESS **1508 E Concord St.**  
CITY-ST-ZIP **Orlando FL 32803**

TITLE **D** ☒ Change ☐ Addition  
NAME **Turner, Mason**  
STREET ADDRESS **1508 E Concord St.**  
CITY-ST-ZIP **Orlando FL 32803**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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: **1-9-7**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #