2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 25, 2008 08:00 AM
Secretary of State

DOCUMENT # L05000104478

1. Entity Name
TOWN SQUARE, LLC

Principal Place of Business	Mailing Address
5151 SOUTH LAKELAND DRIVE LAKELAND, FL 33813 US	PO BOX 7174 LAKELAND, FL 33807 US

02212008 No Chg-LLC CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-3671510
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

LASMAN LAW FIRM, P.A.
6152 DELANCEY STATION STREET
SUITE 205
RIVERVIEW, FL 33569

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent's signature required when reinstating)

FILE NOW!!! FEE IS $138.75
After May 1, 2008 Fee will be $538.75

U00000837471
03/04/08-80058-020 138.75

9.	MANAGING MEMBERS/MANAGERS
TITLE	MGRM
NAME	OLIVERA, FELIPE L
STREET ADDRESS	PO BOX 7174
CITY-ST-ZIP	LAKELAND, FL 33807
TITLE	MGRM
NAME	OLIVERA, MAGDALINE M
STREET ADDRESS	PO BOX 7174
CITY-ST-ZIP	LAKELAND, FL 33807
TITLE	MGRM
NAME	STANGL, ALEJANDRO R
STREET ADDRESS	PO BOX 7174
CITY-ST-ZIP	LAKELAND, FL 33807
TITLE	MGRM
NAME	STANGL, ALICIA E
STREET ADDRESS	PO BOX 7174
CITY-ST-ZIP	LAKELAND, FL 33807
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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: Alicia Stangl 2/21/08 863-644-7844
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #