

**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**May 09, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # L05000105433**

1. Entity Name  
TP&D DEVELOPMENT, LLC



Principal Place of Business  
125 NORTH AIRPORT ROAD  
SUITE 202  
NAPLES, FL 34104 US

Mailing Address  
125 NORTH AIRPORT ROAD  
SUITE 202  
NAPLES, FL 34104 US



05062008No Chg-LLC

CR2E083 (12/07)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
56-2539775

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

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

FLOOD, PETER T  
125 NORTH AIRPORT ROAD  
SUITE 202  
NAPLES, FL 34104

**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

**FILE NOW!!! FEE IS \$138.75**  
**Due by September 12, 2008**

In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

00000000000000000000  
06/04/08-80004-010 138.75

**9. MANAGING MEMBERS/MANAGERS**

TITLE	MGR
NAME	FLOOD, THOMAS D
STREET ADDRESS	125 NORTH AIRPORT ROAD, SUITE 202
CITY-ST-ZIP	NAPLES, FL 34104
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE  
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:**

*Thomas D Flood*

THOMAS D. FLOOD

5/6/08

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

Date

Daytime Phone #