

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Mar 28, 2006 8:00 am
Secretary of State

03-28-2006 90014 009 ****50.00

DOCUMENT # L05000107886

1. Entity Name

THE TINT CENTER, L.L.C.



Principal Place of Business

114 E. SADIE STREET
BRANDON FL 33510

Mailing Address

114 E. SADIE STREET
BRANDON FL 33510

2. Principal Place of Business

113 S. VALRICO RD

3. Mailing Address

113 S. VALRICO RD

Suite, Apt. #, etc.

Suite B

Suite, Apt. #, etc.

Suite B

City & State

VALRICO, FL

City & State

VALRICO, FL

Zip

33594

Country

Hillsborough

Zip

33594

Country

Hillsborough

1st MOORE

CR2E083 (10/05)

4. FEI Number

23751006703751606

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

MCDERMOTT, MICHAEL J ESQ.
791 W. LUMSDEN ROAD
BRANDON FL 33511

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to: Florida Department of State
Due By May 1, 2006

9. MANAGING MEMBERS/MANAGERS

TITLE MGRM ☐ Delete
NAME MACHISE, JAMES D
STREET ADDRESS 4315 SWIFT CIRCLE
CITY-ST-ZIP VALRICO FL 33594

TITLE MGRM ☐ Delete
NAME GOMEZ, JEFFREY A
STREET ADDRESS 114 E. SADIE STREET
CITY-ST-ZIP BRANDON FL 33510

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 ☐ 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

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NAME
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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 Section 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, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

2/22/06 813
662-7215