


**2007 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Mar 15, 2007 08:00 AM**  
**Secretary of State**


**DOCUMENT # L05000119343**

1. Entity Name  
 TIA E. WERDELL, PL



Principal Place of Business 100 WALLACE AVENUE 240 SARASOTA, FL 34237 US	Mailing Address 100 WALLACE AVENUE SUITE 240 SARASOTA, FL 34237 US
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**DO NOT WRITE IN THIS SPACE**



03032007 No Chg-LLC CR2E083 (11/05)

4. FEI Number 20-3963784	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

6. Name and Address of Current Registered Agent

WERDELL, TIA E  
 100 WALLACE AVENUE  
 SUITE 240  
 SARASOTA, FL 34237

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**Filing Fee is \$50.00**  
**Due by May 1, 2007**

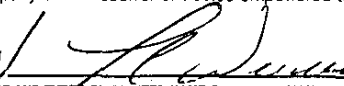
9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR JENSON, TIA E 100 WALLACE AVENUE SARASOTA, FL 34237
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**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:  DATE: 3/12/07 DAYTIME PHONE: 941-330-9622

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #