

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 30, 2008 8:00 am
Secretary of State

04-30-2008 90060 001 ***971.25

DOCUMENT # L06000019965

1. Entity Name
S & S AUBURNDALe LLC



Principal Place of Business
**14502 N. DALE MABRY, SUITE 333
TAMPA, FL 33618**

Mailing Address
**14502 N. DALE MABRY, SUITE 333
TAMPA, FL 33618**

30005287



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04212008 Chg-LLC CR2E083 (12/06)

City & State

City & State

4. FEI Number

20-8344311

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

~~CORPORATION COMPANY OF MIAMI
200 EAST BROWARD BLVD., SUITE 2100
FT. LAUDERDALE, FL 33301~~

Name **Jonathan Schwartz**
Street Address (P.O. Box Number is Not Acceptable)
14502 N. Dale Mabry Highway
Suite 333
City **Tampa** FL Zip Code **33618**

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

4/29/2008

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

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

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGRM ☒ Delete
NAME ~~SCHERTZ, PATRICK~~
STREET ADDRESS **14502 N. DALE MABRY, SUITE 333**
CITY-ST-ZIP **TAMPA, FL 33618**

TITLE MGRM ☒ Change ☐ Addition
NAME **Tandem Holdco LLC**
STREET ADDRESS **14502 N. Dale Mabry Hwy., Ste 333**
CITY-ST-ZIP **Tampa, FL 33618**

TITLE MGRM ☒ Delete
NAME ~~SCHERTZ, JONATHAN~~
STREET ADDRESS **14502 N. DALE MABRY, SUITE 333**
CITY-ST-ZIP **TAMPA, FL 33618**

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

TITLE ☐ Delete
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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:

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

Date

Daytime Phone #

4/29/2008 813-269-9112