


2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

SECRETARY OF STATE
DIVISION OF CORPORATIONS

10 MAY 27 PM 2:44

DOCUMENT # L06000025854 1. Entity Name TS 21, LLC					
Principal Place of Business P. O. BOX 999 PALM BEACH, FL 33480 US			Mailing Address P. O. BOX 999 PALM BEACH, FL 33480 US		
2. Principal Place of Business - No P.O. Box # 321 N. Lake Way Suite, Apt. #, etc.		3. Mailing Address P.O. Box 999 Suite, Apt. #, etc.			
City & State Palm Beach, FL		City & State Palm Beach, FL		4. FEI Number 04-3849010	
Zip 33480		Country Palm Beach		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent MENDEL, NANCY W 321 NORTHLAKE WAY PALM BEACH, FL 33480			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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 <u><i>Nancy W. Mendel</i></u> (NOTE: Registered Agent signature required when re-registering) DATE _____					
FILE NOW!!! FEE IS \$138.75			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR MENDEL, NANCY W P. O. BOX 999 PALM BEACH, FL 33480 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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: <u><i>Nancy W. Mendel</i></u> 5/26/10 561-655-4029 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					



05122010 Chg-LLC CR2E083 (11/08)

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08/25/10--01001--004 **138.75

AUG 24 2010



FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 14, 2010

TS 21, LLC
~~P.O. BOX 999~~ 321 North Lake Way
PALM BEACH, FL 33480 US

SUBJECT: TS 21, LLC
Ref. Number: L06000025854

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 30 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6911.

Brenda Tadlock

Registration/Qualification Section
Division of Corporations Letter Number: 010A00012218

UNITED STATES POSTAL SERVICE



First-Class Mail
Postage & Fees Paid
USPS
Permit No. G-10

• Sender: Please print your name, address, and ZIP+4 in this box •

Nancy W. Mendel
321 North Lake Way
Palm Beach, FL 33480



SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Leah Gable
FL Dept. of State
Division of Corporations
Corporate Filings
PO Box 6327
Tallahassee, FL 32314

2. Article Number
(Transfer from service label)

7009 2250 0003 5775 3120

COMPLETE THIS SECTION ON DELIVERY

A. Signature

☐ Agent
☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

MAY 27 2010
D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

3. Service Type

☐ Certified Mail ☐ Express Mail
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes