

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

<b>DOCUMENT # L06000040103</b>			
<b>1. Entity Name</b> TAMSYN, LLC		<div style="text-align: right; font-size: 2em; font-weight: bold;">BK</div>	
<b>Principal Place of Business</b> 450 ALTON ROAD #3505 MIAMI BEACH, FL 33139		<b>Mailing Address</b> 450 ALTON ROAD #3505 MIAMI BEACH, FL 33139	
<b>2. Principal Place of Business - No P.O. Box #</b> 3653 SW 156 CT.		<b>3. Mailing Address</b> 3653 SW 156 CT.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
<b>City &amp; State</b> Miami, FL		<b>City &amp; State</b> Miami, FL	
<b>Zip</b> 33185		<b>Zip</b> 33185	
<b>Country</b>		<b>Country</b>	
<b>6. Name and Address of Current Registered Agent</b> ESTRELLA & DIAZ-LEYVA, P.A. 1321 ALTON ROAD MIAMI BEACH, FL 33139		<b>7. Name and Address of New Registered Agent</b> Name: <b>Nahirobiht Tamsyn Anderson</b> Street Address (P.O. Box Number is Not Acceptable): 3653 SW 156 CT. City: <b>Miami</b> <b>FL</b> Zip Code: <b>33185</b>	
<b>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.</b>			
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
<b>Filing Fee is \$50.00 Due by May 1, 2007</b>		<div style="font-size: 2em; font-weight: bold;">BK</div>	
<div style="text-align: right; font-size: 0.8em;">                         Make check payable to                          Florida Department of State                     </div>			
<b>9. MANAGING MEMBERS/MANAGERS</b>		<b>10. ADDITIONS/CHANGES</b>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM Nahirobiht Tamsyn Anderson 3653 SW 156 CT. Miami, FL 33185	TITLE NAME STREET ADDRESS CITY - ST - ZIP	400101988284 05/09/07--01043--004 **50.00
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>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.</b>			
<b>SIGNATURE:</b> <u>Nahirobiht Anderson</u>			
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>		<small>Date Daytime Phone #</small>	

FILED

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



04272007 Chg-LLC CR2E083 (12/06)

4. FEI Number ☒ Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required