## **2007 LIMITED LIABILITY COMPANY ANNUAL REPORT**

## FILED 07 APR 23 AM 9:57 **DOCUMENT # L06000044297** SECRETARY OF STATE ALLAHASSEE FLORIDA T & D UNLIMITED LLC BKPrincipal Place of Business Mailing Address 255 AYERS CT. 255 AYERS CT. TALLAHASSEE, FL 32305 TALLAHASSEE, FL 32305 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04232007 Chg-LLC CR2E083 (12/06) City & State City & State 4. FEI Number Applied For Not Applicable Zip Country Zip Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent TRAN, LISA Street Address (P.O. Box Number is Not Acceptable) 255 AYERS CT. TALLAHASSEE, FL 32305 Zip Code FI 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 Filing Fee is \$50.00 Due by May 1, 2007 Make check payable to BKFlorida Department of State MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 10. 9. MGRM ☐ Change ☐ Addition TITLE Delete TITLE TRAN, LISA NAME NAME 500101821646 05/08/07--01023--016 \*\*15 STREET ADDRESS 255 AYERS CT. STREET ADDRESS \*\*150.00 CITY-ST-7IP CITY-ST-ZIP TALLAHASSEE, FL 32305 MGRM ☐ Delete Change TITLE TITI F ☐ Addition NAME TRAN, DAVID STREET ADDRESS 255 AYERS CT. STREET ADDRESS CITY-ST-ZIP TALLAHASSEE, FL 32305 CITY-ST-ZIP ☐ Delete TITLE TITLE ■ Addition ☐ Change TRAN, SAMANTHA NAME 255 AYERS CT STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TALLAHASSEE, FL 32305 CITY-ST-ZIP TITLE MGRM ☐ Delete TITLE ☐ Change ☐ Addition NGYEN, HAI NAME NAME STREET ADDRESS 255 AYERS CT. STREET ADDRESS CITY-ST-ZIP TALLAHASSEE, FL 32305 CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE ☐ Delete ☐ Change TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 11. I hereby certify that the information supplied with this filling 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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE