

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L06000049185

Entity Name: TIS INVESTMENTS LLC

**FILED**  
**Apr 28, 2010**  
**Secretary of State**

**Current Principal Place of Business:**

10367 TRIANON PL  
WELLINGTON, FL 33449

**New Principal Place of Business:**

1287 BEACON CIRCLE  
WELLINGTON, FL 33414

**Current Mailing Address:**

10367 TRIANON PLACE  
WELLINGTON, FL 33449

**New Mailing Address:**

1287 BEACON CIRCLE  
WELLINGTON, FL 33414

FEI Number:

FEI Number Applied For ( )

FEI Number Not Applicable (X)

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

SARDINE, RUPERT  
7011 SW 10TH COURT  
PEMBROKE PINES, FL 33023 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: SARDINE, TOMMY  
Address: 1287 BEACON CIRCLE  
City-St-Zip: WELLINGTON, FL 33414

Title: MGRM  
Name: SARDINE, NATHANIEL  
Address: 1287 BEACON CIRCLE  
City-St-Zip: WELLINGTON, FL 33414

Title: MGRM  
Name: SARDINE, INGRID  
Address: 1287 BEACON CIRCLE  
City-St-Zip: WELLINGTON, FL 33414

Title: MGRM  
Name: SARDINE, DANIEL  
Address: 1287 BEACON CIRCLE  
City-St-Zip: WELLINGTON, FL 33414

Title: MGRM  
Name: SARDINE, JUSTIN  
Address: 1095 ROWANSHYRE CIR  
City-St-Zip: MCDONOUGH, GA 30253

Title: MGRM  
Name: SARDINE, DASHAN  
Address: 1287 BEACON CIRCLE  
City-St-Zip: WELLINGTON, FL 33414

I hereby certify that the information indicated on this report is true and accurate and that my electronic 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: TOMMY SARDINE

MGRM

04/28/2010

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date