

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

08 APR 25 AM 10:47

DOCUMENT # L06000052382

1. Entity Name  
TAVISTOCK VENTURES FL, LLC



Principal Place of Business  
9350 CONROY WINDERMERE ROAD  
WINDERMERE, FL 34786

Mailing Address  
9350 CONROY WINDERMERE ROAD  
WINDERMERE, FL 34786

**DO NOT WRITE IN THIS SPACE**



03312008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number  
NOT APPLICABLE

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

CORPDIRECT AGENTS, INC.  
515 EAST PARK AVENUE  
TALLAHASSEE, FL 32301

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_

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

000125295090  
04/23/08--01026--006 \*\*9463.75

9. MANAGING MEMBERS/MANAGERS

TITLE	PS
NAME	VOSS, JEFFERSON R
STREET ADDRESS	9350 CONROY WINDERMERE RD
CITY-ST-ZIP	WINDERMERE, FL 34786
TITLE	V
NAME	PIERCY, TYLER
STREET ADDRESS	9350 CONROY WINDERMERE RD
CITY-ST-ZIP	WINDERMERE, FL 34786
TITLE	MGRM
NAME	TAVISTOCK VENTURES, INC
STREET ADDRESS	EP TAYLOR DR PO BOX N7776
CITY-ST-ZIP	LYFORD CAY, NEW PROVIDENCE, BA
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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, OR AUTHORIZED REPRESENTATIVE

Jeff Voss 4/14/08 407-909-9000

Date

Daytime Phone #