

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 30, 2007 8:00 am
Secretary of State

04-30-2007 90044 033 ****50.00

DOCUMENT # L06000066399

1. Entity Name
TO-ISIS LLC



Principal Place of Business
11246 SW 132 CT
MIAMI, FL 33186 US

Mailing Address
11246 SW 132 CT
MIAMI, FL 33186 US

2. Principal Place of Business - No P.O. Box #

N/A

3. Mailing Address

N/A

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04272007 Chg-LLC CR2E083 (12/06)

4. FEI Number

☒ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

STEWART, SARAN K MS
11246 SW 132 CT
MIAMI, FL 33186

7. Name and Address of New Registered Agent

Name
N/A

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE MGR
NAME MORGAN, RICHARD A MR ☐ Delete
STREET ADDRESS 11246 SW 132 CT
CITY-ST-ZIP MIAMI, FL 33186

TITLE MGR
NAME MORGAN, ROBERT A MR ☐ Delete
STREET ADDRESS 11246 SW 132 CT
CITY-ST-ZIP MIAMI, FL 33186

TITLE MGR
NAME LEWIS, RENARDO S MR ☐ Delete
STREET ADDRESS 11246 SW 132 CT
CITY-ST-ZIP MIAMI, FL 33186

TITLE MGR
NAME WILLIAMS, ROBERT C MR ☐ Delete
STREET ADDRESS 11246 SW 132 CT
CITY-ST-ZIP MIAMI, FL 33186

TITLE MGR
NAME WEBB, KEVIN A MR ☐ Delete
STREET ADDRESS 11246 SW 132 CT
CITY-ST-ZIP MIAMI, FL 33186

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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, MANAGER, OR AUTHORIZED REPRESENTATIVE

Saran Stewart MGR

Date

Daytime Phone #

4/27/07 305-469-7109