

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 14, 2008 8:00 am
Secretary of State

01-14-2008 90045 043 ***138.75

DOCUMENT # L06000067495

1. Entity Name
TTFN PROPERTIES LLC



Principal Place of Business

C/O MAT
1560 ORANGE AVE, #200
ORLANDO, FL 32789

Mailing Address

P.O. BOX 1725
MOUNT DORA, FL 32756

2. Principal Place of Business No P.O. Box #
640 Candace Pollock

Suite, Apt. #, etc.
640 Oleander St.

City & State
Mt. Dora FL

Zip
32757

Country
Lake

3. Mailing Address

Suite, Apt. #, etc.

City & State
Same

Zip

Country

01092008 Chg-LLC CR2E083 (12/06)

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

SHEFCHUK, TERRY
C/O MAT
1560 ORANGE AVE, #200
ORLANDO, FL 32789

7. Name and Address of New Registered Agent

Name
Candace Pollock
Street Address (P.O. Box Number is Not Acceptable)
640 Oleander St.
City
Mt. Dora FL Zip Code
32757

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

Candace Pollock
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

1-8-08

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

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
SHEFCHUK, TERRY
C/O MAT 1560 ORANGE AVE #200
ORLANDO, FL 32789 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
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TITLE
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STREET ADDRESS
CITY-ST-ZIP
☐ Delete

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
Terry Shetchuk
P.O. Box 1725 / 640 Oleander
Mt Dora FL 32756 ☒ Change ☐ Addition

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

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

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☐ Change ☐ Addition

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

Terry Shetchuk
Mg Mgr. 1-8-08

Date

Daytime Phone #

352-223-0167