

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT (AR) - DUE BY MAY 1, 2008**

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

02-14-2008 90071 011 ***138.75

DOCUMENT # L06000090586

1. Entity Name

TETRAD LLC



Principal Place of Business

**393 ICE CREAM ROAD
LEESBURG FL 34748**

Mailing Address

**393 ICE CREAM ROAD
LEESBURG FL 34748**



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

3. Mailing Address

TETRAD, etc.

3243 REGISTER RD

FRUITLAND PARK, FL 34731

TETRAD, etc.

3243 REGISTER RD

FRUITLAND PARK, FL 34731

1st MOORE

CR2E083 (10/07)

4. FEI Number

20-5985543

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**JENKINS, TERRANCE C
393 ICE CREAM ROAD
LEESBURG FL FL**

Name

TETRAD

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

3243 REGISTER RD

FRUITLAND PARK, FL 34731

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 fee if applicable

(NOTE: Registered Agent's signature required when requesting)

DATE

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

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**MGR
JENKINS, TERRANCE C
393 ICE CREAM ROAD
LEESBURG FL 34748**

☐ Delete

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 Section 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

2-4-08

Date

Daytime Phone #