

**2007 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT**

**FILED  
Jun 12, 2007  
Secretary of State**

DOCUMENT# L06000100723

Entity Name: TL SERVICES LLC

**Current Principal Place of Business:**

2556 DORA STREET  
FT. MYERS, FL 33901 US

**New Principal Place of Business:**

1035 SE 6TH STREET  
CAPE CORAL, FL 33990 US

**Current Mailing Address:**

5613 CORONADO CT  
CAPE CORAL, FL 33904

**New Mailing Address:**

5613 CORONADO CT  
CAPE CORAL, FL 33990

FEI Number: 65-0849602      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

KONDEK, ANKE  
5613 CORONADO CT  
CAPE CORAL, FL 33904 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 ( ) Delete  
Name: LEHMANN, THOMAS  
Address: 5613 CORONADO CT  
City-St-Zip: CAPE CORAL, FL 33904

Title: MGRM ( ) Delete  
Name: KONDEK, ANKE  
Address: 5613 CORONADO CT  
City-St-Zip: CAPE CORAL, FL 33904

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: LEHMANN, THOMAS  
Address: 1035 SE 6TH STREET  
City-St-Zip: CAPE CORAL, FL 33990

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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: ANKE KONDEK

MGRM

06/12/2007

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