

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED

Feb 14, 2008 08:00 AM
Secretary of State

DOCUMENT # L06000109625

1. Entity Name
TIFT CIRCLE, LLC



Principal Place of Business
1271 HILLSTREAM DRIVE
GENEVA, FL 32732

Mailing Address
1271 HILLSTREAM DRIVE
GENEVA, FL 32732



01052008 No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

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

HINES, CAROLE A
1271 HILLSTREAM DRIVE
GENEVA, FL 32732

**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 re-stating)

DATE _____

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

9. MANAGING MEMBERS/MANAGERS

TITLE P
NAME HINES, CAROLE A
STREET ADDRESS 1271 HILLSTREAM DR
CITY-ST-ZIP GENEVA, FL 32732

TITLE V
NAME HINES, ALISON A
STREET ADDRESS 1271 HILLSTREAM DR
CITY-ST-ZIP GENEVA, FL 32732

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

000000828052
02/22/08-80015-002 138.75

**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: *Carole A. Hines, Pres.*
Carole A. Hines, Pres.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

407
02/11/2008 349-2546

Date

Daytime Phone #