

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L06000111106

**Entity Name:** TLD VENTURES LLC

**FILED**  
**Feb 09, 2010**  
**Secretary of State**

**Current Principal Place of Business:**

16 LAMSON ST  
JACKSONVILLE, FL 32211

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 16466  
JACKSONVILLE, FL 32245

**New Mailing Address:**

**FEI Number:** 77-0666076

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

KOVER, WILLIAM T  
16 LAMSON ST.  
JACKSONVILLE, FL 32211 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:** P  
**Name:** KOVER, WILLIAM T  
**Address:** P.O. BOX 16466  
**City-St-Zip:** JACKSONVILLE, FL 32245

**Title:** V  
**Name:** KOVER, WANDA  
**Address:** P.O. BOX 16466  
**City-St-Zip:** JACKSONVILLE, FL 32245

I hereby 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:** WILLIAM T. KOVER

PRES

02/09/2010

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