


# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 14, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L06000111808</b> 1. Entity Name <b>TEAMED TOGETHER, LLC</b>	
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Principal Place of Business <b>2326 DEL PRADO BLVD S. CAPE CORAL, FL 33990</b>	Mailing Address <b>18100 MORNING STAR LANE CAPE CORAL, FL 33993</b>
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**DO NOT WRITE IN THIS SPACE**



03282008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number <b>20-5910387</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

6. Name and Address of Current Registered Agent

**SYLVIA, JUDITH A  
18100 MORNING STAR LANE  
CAPE CORAL, FL 33993**

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

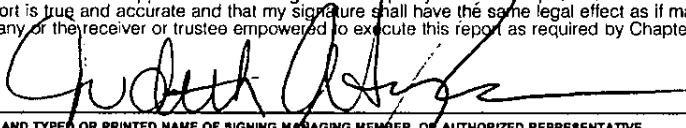
**FILE NOW!!! FEE IS \$138.75**  
**After May 1, 2008 Fee will be \$538.75**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM SYLVIA, JUDITH A 18100 MORNING STAR LANE CAPE CORAL, FL 33993</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM FREE, ALISON D 5924 TARPON GARDENS CIR #202 CAPE CORAL, FL 33914</b>
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U00000895911  
04/24/08-80087-017 138.75

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:**  **4/14/08 239-425-2530**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #