

FILED
Mar 24, 2008 8:00 am
Secretary of State

02-29-2008 90099 032 ***138.75

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

DOCUMENT # L07000039722

1. Entity Name
TURNBAK THE TIDES, LLC



Principal Place of Business
16500 GULF BLVD., UNIT 255
N. REDINGTON BEACH, FL 33708

Mailing Address
16500 GULF BLVD., UNIT 255
N. REDINGTON BEACH, FL 33708

30002716



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

3. Mailing Address
1902 S. Brookline St.

02072008 Chg-LLC CR2E083 (12/06)

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
Tampa, Florida

4. FEI Number

Applied For
☒ Not Applicable

Zip

Country

Zip

Country

33629

USA

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

BAK, ROSALIND K
101 EAST KENNEDY BLVD., SUITE 3700
TAMPA, FL 33602

Name

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

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

Rosalind K. Bak
Signature, typed or printed name of registered agent and title if applicable.

(Rosalind K. Bak)

2/14/08
DATE

(NOTE: Registered Agent signature required when reinstating.)

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	Member Jeff Bak 1902 S. Brookline St. Tampa, FL 33629 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Member Rosalind Bak 1902 S. Brookline St. Tampa, FL 33629 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Member Marc Turner 2612 W. Watrous Ave. Tampa, FL 33629 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Member Lisa Turner 2612 W. Watrous Ave. Tampa, FL 33629 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

Rosalind K. Bak
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Rosalind K. Bak

2/14/08

(813) 258-0097
Date Daytime Phone #

ATTACHMENT

30002716

#L07000039722

TURNBAK THE TIDES, LLC.
16500 GULF BLVD. UNIT 255
N. REDINGTON BEACH FL 33708

04-07

1030

Date 2/19/08

63-27/631 FL
14

Pay to the
Order of

Florida Department of State \$ 138.75

One hundred thirty-eight & 75/100 Dollars



Bank of America



ACH R/T 063100277

For

Rosa E. Turner