

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 15, 2008 8:00 am
Secretary of State

05-15-2008 90081 004 ***138.75

DOCUMENT # L07000059355

1. Entity Name
**TRANSNATIONAL COMMUNITY DEVELOPMENT
ALLIANCE, LLC**



Principal Place of Business Mailing Address
C/O WILLIAM L. DUNKER - GREENBERG TRAUIG **C/O WILLIAM L. DUNKER - GREENBERG TRAUIG**
625 E. TWIGGS STREET, SUITE 100 **625 E. TWIGGS STREET, SUITE 100**
TAMPA, FL 33602 **TAMPA, FL 33602**

60041697



2. Principal Place of Business - No P.O. Box # 3. Mailing Address
Suite, Apt. #, etc. Suite, Apt. #, etc.
City & State City & State
Zip Country Zip Country

04242008 Chg-LLC CR2E083 (12/06)

4. FEI Number ☒ Applied For ☐ Not Applicable
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
DUNKER, WILLIAM L Name
GREENBERG TRAUIG, P.A. Street Address (P.O. Box Number is Not Acceptable)
625 E. TWIGGS STREET, SUITE 100 City **FL** Zip Code
TAMPA, FL 33602

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (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	MGR SMITH, JEFFREY D 625 E. TWIGGS STREET, SUITE 100 TAMPA, FL 33602 <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
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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: [Signature] 4/25/08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #