

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000061904

FILED
May 02, 2008
Secretary of State

Entity Name: TIGER SHORES RECOVERY, LLC

Current Principal Place of Business:

LOT 11
17105 S COUNTY RD 325
ISLAND GROVE, FL 32654

New Principal Place of Business:

Current Mailing Address:

PO BOX 116
ISLAND GROVE, FL 326540116

New Mailing Address:

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

JORDAN, DAVID
LOT 11
17105 S COUNTY RD 325
ISLAND GROVE, FL 32654 US

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: MGRM () Delete
Name: JORDAN, DAVID
Address: PO BOX 116
City-St-Zip: ISLAND GROVE, FL 326540116

Title: MGR () Delete
Name: JORDAN, PERRI
Address: PO BOX 116
City-St-Zip: ISLAND GROVE, FL 326540116

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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: DAVID JORDAN

MGR

05/02/2008

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