

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000072792

**FILED**  
**Feb 19, 2008**  
**Secretary of State**

**Entity Name:** TS USA, LLC

**Current Principal Place of Business:**

17757 US HWY. 19 NORTH, SUITE 600B  
CLEARWATER, FL 33764 US

**New Principal Place of Business:**

**Current Mailing Address:**

17757 US HWY. 19 NORTH, SUITE 600B  
CLEARWATER, FL 33764 US

**New Mailing Address:**

**FEI Number:**

**FEI Number Applied For ( )**

**FEI Number Not Applicable (X)**

**Certificate of Status Desired ( )**

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

THOMAS LITTLE,  
2123 NE COACHMAN ROAD  
SUITE A  
CLEARWATER, FL 33765 US

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

LITTLE, THOMAS  
2123 NE COACHMAN ROAD  
SUITE A  
CLEARWATER, FL 33765 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: THOMAS LITTLE

02/19/2008

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: LL REVOCABLE TRUST,  
Address: PO BOX 4188  
City-St-Zip: CLEARWATER, FL 337584188 US

**ADDITIONS/CHANGES:**

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: LL IRREVOCABLE TRUST

MGR

02/19/2008

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