

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 30, 2008 8:00 am
Secretary of State

05-30-2008 90018 030 ***138.75

DOCUMENT # L07000083568

1. Entity Name
TLW SERVICES LLC



Principal Place of Business
**6210 MEDICI COURT, APT. 203
SARASOTA, FL 34243**

Mailing Address
**6210 MEDICI COURT, APT. 203
SARASOTA, FL 34243**

50006413



2. Principal Place of Business - No P.O. Box #
6391 GATEWAY AVE
Suite, Apt. #, etc.

3. Mailing Address
6391 GATEWAY AVE
Suite, Apt. #, etc.

05022008 Chg-LLC CR2E083 (12/06)

City & State
SARASOTA, FL

City & State
SARASOTA, FL

4. FEI Number
26-0765862

Applied For
Not Applicable

Zip
34231

Country
SARASOTA

Zip
34231

Country
SARASOTA

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

**OXLEY, JAMIE
6210 MEDICI COURT, APT. 203
SARASOTA, FL 34243**

7. Name and Address of New Registered Agent

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

6391 GATEWAY AVE
City **SARASOTA** FL Zip Code **34231**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$138.75
Due by September 12, 2008**

In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
OXLEY, JAMIE
6210 MEDICI COURT, APT. 203
SARASOTA, FL 34243** ☐ Delete

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
OXLEY, JAMIE
6391 GATEWAY AVE
SARASOTA, FL 34231** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ 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: **Jamie Oxley**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

5/24/08

Date

941 993 4896

Daytime Phone #