## 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

## DOCUMENT# L07000094498

Entity Name: TINA'S TERRIFIC PARTIE'S LLC

**FILED** Mar 24, 2009 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 

1032 SW MATURO AVE 1032 SW MATARO AVE

PORT SAINT LUCIE, FL 34953 PORT SAINT LUCIE, FL 34953

**Current Mailing Address: New Mailing Address:** 

1032 SW MATURO AVE 1032 SW MATARO AVE

PORT SAINT LUCIE, FL 34953 PORT SAINT LUCIE, FL 34953

FEI Number: FEI Number Applied For ( ) FEI Number Not Applicable (X) Certificate of Status Desired ( )

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

DAVIES, IRENE 372 NEWTON PLACE LONGWOOD, FL 32779 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:

MGR () Delete FRAQOSO, FLORENTINE Name: Address: 1032 SW MATURO AVE

City-St-Zip: PORT SAINT LUCIE, FL 34953

Title: MGRM () Delete Name: FRAQOSO, AMBER Address: 1032 SW MATURO AVE

City-St-Zip: PORT SAINT LUCIE, FL 34953 ADDITIONS/CHANGES:

Title: (X) Change ( ) Addition

FRAGOSO, FLORENTINE Name: Address: 1032 SW MATURO AVE City-St-Zip: PORT SAINT LUCIE, FL 34953

(X) Change ( ) Addition Title: MGRM

Name: FRAGOSO, AMBER Address: 1032 SW MATARO AVE City-St-Zip: PORT SAINT LUCIE, FL 34953

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: FLORENTINE FRAGOSO MANG 03/24/2009