

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000094498

**FILED**  
**Feb 16, 2011**  
**Secretary of State**

**Entity Name:** TINA'S TERRIFIC PARTIE'S LLC

**Current Principal Place of Business:**

1032 SW MATARO AVE  
PORT SAINT LUCIE, FL 34953

**New Principal Place of Business:**

**Current Mailing Address:**

1032 SW MATARO AVE  
PORT SAINT LUCIE, FL 34953

**New Mailing Address:**

102 KNIGHTS HOLLOW DR  
APOPKA, FL 32712

**FEI Number:**

**FEI Number Applied For ( )**

**FEI Number Not Applicable (X)**

**Certificate of Status Desired ( )**

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

DAVIES, IRENE  
372 NEWTON PLACE  
LONGWOOD, FL 32779 US

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

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:** MGR  
**Name:** FRAGOSO, FLORENTINE  
**Address:** 102 KNIGHTS HOLLOW DR  
**City-St-Zip:** APOPKA, FL 32712

**Title:** MGRM  
**Name:** FRAGOSO, AMBER FRAGOSO  
**Address:** 102 KNIGHTS HOLLOW DR  
**City-St-Zip:** APOPKA, FL 32712

I hereby 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

OWNE

02/16/2011

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