

# **2008 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000097867

**FILED**  
**Jan 04, 2008**  
**Secretary of State**

**Entity Name:** TLP PRODUCTS GROUP LLC

**Current Principal Place of Business:**

1815 HARBORVIEW CIR  
WESTON, FL 33327

**New Principal Place of Business:**

**Current Mailing Address:**

860 WORCESTER RD., SUITE 200  
FRAMINGHAM, MA 01702

**New Mailing Address:**

**FEI Number:** 63-1319289

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

CORPDIRECT AGENTS, INC.  
515 EAST PARK AVENUE  
TALLAHASSEE, FL 32301 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: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES:**

Title: MR. ( ) Change (X) Addition  
Name: LIEBMAN, TODD S  
Address: 860 WORCESTER ROAD #200  
City-St-Zip: FRAMINGHAM, MA 01702 US

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:** TODD LIEBMAN

MR.

01/04/2008

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