
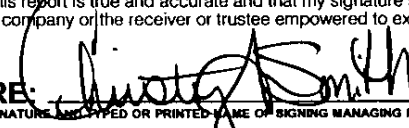


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Sep 09, 2008 8:00 am
Secretary of State

09-09-2008 90031 030 ***138.75

DOCUMENT # L07000101140 1. Entity Name TLF, LLC					
Principal Place of Business 11504 61ST AVE SEMINOLE, FL 33772 US			Mailing Address 11504 61ST AVE SEMINOLE, FL 33772 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	07292008 Chg-LLC CR2E083 (12/06)	
4. FEI Number 35-2310610				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				6. Name and Address of Current Registered Agent BAIRD, CHRISTY 11504 61ST AVE SEMINOLE, FL 33772	
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code				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 _____ (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			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BAIRD, CHRISTY 11504 61ST AVE SEMINOLE, FL 33772 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CHRISTY SMITH 11504 61ST AVE SEMINOLE, FL 33772 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: 			9/6/08 727-641-2668		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					

ATTACHMENT

50010221

#L07000/01/40



20071128-0002143

Fee: \$10.00

N/C Fee: \$0.00

11/28/2007

11:17:56

T20070206578

Requestor:

RECORDER CLARK COUNTY

State of Nevada
Marriage Certificate

No. 20071114000959590

State of Nevada

County of Clark

SS:

Debbie Conway

Clark County Recorder

KAH

Pgs: 1

PASTOR THOMAS L. JOHNSON

This is to certify that the undersigned,

(print name and title of official performing marriage)

did on the 15th day of November 20 07.

at Little White Wedding Chapel, Las Vegas Nevada,
(address or church) (City)

join in lawful wedlock LAWRENCE ALLEN SMITH JR
(Groom)

of PINELLAS PARK, State/Country of FLORIDA

and CHRISTY ALICE BAIRD
(Bride)

of SEMINOLE, State/Country of FLORIDA

with their mutual consent, in the presence of

Lawrence A Smith
(Witness)
Barbara S Smith
Thomas L Johnson

Signature of Official Performing Marriage (Black Ink Only)

Print Name and Title of Official

Address of Official Performing Marriage

City, State and Zip Code



Shirley B Parraguirre
SHIRLEY B. PARRAGUIRRE, COUNTY CLERK

PASTOR THOMAS L. JOHNSON

6000 S. EASTERN AVE., STE. 2-A

LAS VEGAS, NEVADA 89119

Bride/Groom Address: 11504 61ST AVENUE

SEMINOLE, FL 33772

This Certificate must be presented to the Clark County Recorder within ten days.
500 S. Grand Central Parkway, Las Vegas, Nevada 89155-1510