

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 10, 2008 8:00 am
Secretary of State

01-10-2008 90022 007 ***138.75

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|--|--|---|--|---------|--|
| DOCUMENT # L07000104913 1. Entity Name TEAMR LLC | | | | | |
| Principal Place of Business 17417 MAGNOLIA ISLAND BLVD CLERMONT, FL 34711 | | | Mailing Address 17417 MAGNOLIA ISLAND BLVD CLERMONT, FL 34711 | | |
| 2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. | | 3. Mailing Address Suite, Apt. #, etc. | | | |
| City & State Zip | | City & State Zip | | Country | |
| 4. FEI Number 39-2064710 | | | | | |
| 5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required | | | | | |
| 6. Name and Address of Current Registered Agent A1A REGISTERED AGENT INC. 92 SADBERRY ROAD QUINCY, FL 32351 | | | 7. Name and Address of New Registered Agent Name RUSSEL SAIERNO Street Address (P.O. Box Number is Not Acceptable) 17417 MAGNOLIA ISLAND BLVD. City CLERMONT FL 34711 | | |
| 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 DATE 1/5/08 <small>Signature, typed or printed name of registered agent, or both, as applicable. (NOTE: Registered Agent signature required when reinstating)</small> | | | | | |
| FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75 | | | Make check payable to Florida Department of State | | |
| 9. MANAGING MEMBERS/MANAGERS | | | 10. ADDITIONS/CHANGES | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP MR RUSSEL SAIERNO 17417 MAGNOLIA ISLAND BLVD CLERMONT, FL 34711 | | | TITLE NAME STREET ADDRESS CITY-ST-ZIP MR RUSSEL SAIERNO 17417 MAGNOLIA ISLAND BLVD CLERMONT, FL 34711 | | |
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| 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 | | | Date 1/5/08 Daytime Phone # 407.6200462 | | |