2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L07000111265



FILED Feb 22, 2008 8:00 am Secretary of State 02-22-2008 90039 012 ***138.75

1. Entity Nam TIERRA		S MANAGEMEN	IT LLC						
Principal Plac 218 E BEAR TAMPA, FL	SS AVENUE #	/ 409	Mailing Address 218 E BEARSS AVENUE # 409 TAMPA, FL 33613 US			60009915			
2. Principal P	tace of Busin	ess - No P.O. Box #	3. Mailing Address						
Suite, Apt.	#, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.			Chg-LLC C	R2E083 (12/0	6)
City & State			City & State			4. FEI Numl 26 - 13	398587		Applied For Not Applica
Zip		Country	Zip	Country		5. Certificat	e of Status Desired [Fee Requ	Additional uired
_	6. Name	and Address of Curre	nt Registered Agent		7. Name and Address of New Registered Agent Name				
SCAGLIONE, RONALD E 218 E BEARSS AVE # 409					Street Address (P.O. Box Number is Not Acceptable)				
TAMPA, F									
				С				FL Zip C	ode
	tions of registe	ered agent.	for the purpose of changing it				oth, in the State of Florida		ith, and acce
	Signature, typed	or printed name of registered age	ent and title if applicable. (NO	TE: Registere	d Agent signature req	uired when reinstating)	1	DATE	
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75								neck payable t partment of S	
9.		MANAGING MEM	BERS/MANAGERS	10.			ADDITIONS/CHA	ANGES	·
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SCAGLIONE, RONALD E 218 E BEARSS AVE # 409 TAMPA, FL 33613		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				□ Chane	ge 🔲 Addii
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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 appowered to execute this report as required by Chapter 608, Florida Statutes.