

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

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

05-05-2008 90027 029 ***138.75

DOCUMENT # L07000112168 1. Entity Name TIPAC, LLC					
Principal Place of Business 12933 THONOTOSASSA ROAD DOVER, FL 33527 US			Mailing Address 12933 THONOTOSASSA ROAD DOVER, FL 33527 US		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEJ Number 26-1363450	
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required				Applied For ☐ Not Applicable	
6. Name and Address of Current Registered Agent CHEAVES, CRYSTAL 12933 THONOTOSASSA ROAD DOVER, FL 33527				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 re-registering) DATE _____					
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	MGR CHEAVES, CRYSTAL 12933 THONOTOSASSA ROAD DOVER, FL 33527		TITLE NAME STREET ADDRESS CITY - ST - ZIP	Member Manager Cheaves, Buddy 12933 Thonotosassa Road Dover, FL 33527	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☒ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ 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 <i>Crystal Cheaves</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			04-29-2008 Date Daytime Phone #		

30009017



04282008 Chg-LLC CR2E083 (12/06)