

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000079091

FILED  
May 01, 2009  
Secretary of State

**Entity Name:** TAMPA SHORT SALE SPECIALISTS, LLC

**Current Principal Place of Business:**

501 S DAKOTA AVE  
2  
TAMPA, FL 33606

**New Principal Place of Business:**

1616 W DE LEON ST  
TAMPA, FL 33606

**Current Mailing Address:**

501 S DAKOTA AVE  
2  
TAMPA, FL 33606

**New Mailing Address:**

1616 W DE LEON ST  
TAMPA, FL 33606

FEI Number: 01-0912599      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

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

WITKOSKI, KYLE P  
4603 S TRASK ST  
TAMPA, FL 33611      US

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

WITKOSKI, KYLE P  
1616 W DE LEON ST  
TAMPA, FL 33606      US

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: KYLE WITKOSKI

05/01/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR      ( ) Delete  
Name: WITKOSKI, KYLE P  
Address: 4603 S TRASK ST  
City-St-Zip: TAMPA, FL 33611

**ADDITIONS/CHANGES:**

Title: MGR      (X) Change      ( ) Addition  
Name: WITKOSKI, KYLE P  
Address: 1616 W DE LEON ST  
City-St-Zip: TAMPA, FL 33606

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: KYLE WITKOSKI

MGR

05/01/2009

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