

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000116021

**FILED**  
**Apr 28, 2011**  
**Secretary of State**

**Entity Name:** TAMPA S&D LLC

**Current Principal Place of Business:**

1019 FT., SALONGA RD.  
STE 103  
NORTHPORT, NY 11764 US

**New Principal Place of Business:**

**Current Mailing Address:**

1019 FT., SALONGA RD.  
STE 103  
NORTHPORT, NY 11764 US

**New Mailing Address:**

**FEI Number:** 26-3941643      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

HARTINGER, SCOTT V  
905 N. SWINTON AVE  
DELRAY BEACH, FL 33444 US

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

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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGRM  
**Name:** DEANGELIS, DENNIS  
**Address:** 1019 FT. SALONGA RD.  
**City-St-Zip:** NORTHPORT, NY 11768 US

**Title:** MGRM  
**Name:** YOSLOWITZ, STEVE  
**Address:** 1019 FT. SALONGA RD.  
**City-St-Zip:** NORTHPORT, NY 11768 US

I hereby 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:** DENNIS DEANGELIS

MGRM

04/28/2011

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