

# 2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L09000055994

FILED  
Jan 25, 2012  
Secretary of State

Entity Name: TEAM D, LLC

**Current Principal Place of Business:**

8551 W SUNRISE BLVD  
STE 300  
PLANTATION, FL 33322 US

**New Principal Place of Business:**

**Current Mailing Address:**

8551 W SUNRISE BLVD  
STE 300  
PLANTATION, FL 33322 US

**New Mailing Address:**

FEI Number: FEI Number Applied For (X) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

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

BREIT, RICHARD H  
8551 W SUNRISE BLVD  
STE 300  
PLANTATION, FL 33322 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: TORRES, DARA  
Address: 8551 W SUNRISE BLVD STE 300  
City-St-Zip: PLANTATION, FL 33322 US

Title: P  
Name: TORRES, DARA  
Address: 8551 W SUNRISE BLVD STE 300  
City-St-Zip: PLANTATION, FL 33322 US

Title: MGRM  
Name: HOFFMAN, DAVID  
Address: 8551 W SUNRISE BLVD STE 300  
City-St-Zip: PLANTATION, FL 33322 US

Title: ST  
Name: HOFFMAN, DAVID  
Address: 8551 W SUNRISE BLVD STE 300  
City-St-Zip: PLANTATION, FL 33322 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: DAVID I. HOFFMAN

ST

01/25/2012

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