

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000114151

**FILED**  
**Mar 07, 2011**  
**Secretary of State**

**Entity Name:** TAMPA BAY AMENITIES LLC

**Current Principal Place of Business:**

10820 CUP DRIVE  
SAN ANTONIO, FL 33576 US

**New Principal Place of Business:**

**Current Mailing Address:**

10820 CUP DRIVE  
SAN ANTONIO, FL 33576 US

**New Mailing Address:**

**FEI Number:** 27-1431459      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired (X)**

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

FORMAN, ISIDORE  
29135 COHARIE LOOP  
SAN ANTONIO, FL 33576 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:** MGR  
**Name:** CAPPUCCI, LOUIS  
**Address:** 10820 CUP DRIVE  
**City-St-Zip:** SAN ANTONIO, FL 33576 US

**Title:** MGR  
**Name:** RINE, SUSAN  
**Address:** 11127 DORMIE DR  
**City-St-Zip:** SAN ANTONIO, FL 33576 US

**Title:** MGR  
**Name:** VAUGHN, THOMAS  
**Address:** 10808 COLLAR DR  
**City-St-Zip:** SAN ANTONIO, FL 33576 US

**Title:** MGR  
**Name:** WILLS, DONALD  
**Address:** 10416 MOSHIE LANE  
**City-St-Zip:** SAN ANTONIO, FL 33576 US

**Title:** MGR  
**Name:** FLAHERTY, ROGER  
**Address:** 29216 PRINCEVILLE  
**City-St-Zip:** SAN ANTONIO, FL 33576 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:** LOUIS R CAPPUCCI

MGR

03/07/2011

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