

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 21, 2003 8:00 am
Secretary of State

04-21-2003 90407 039 ****50.00

DOCUMENT # L98000002786

1. Entity Name

TAL HOLDINGS, L.L.C.



Principal Place of Business

**C/O MATTHEW J. FOSTER
100 N. TAMPA STREET, SUITE 2700
TAMPA FL 33602**

Mailing Address

**C/O MATTHEW J. FOSTER
100 N. TAMPA STREET, SUITE 2700
TAMPA FL 33602**

2. Principal Place of Business

915 Oxford Dr.

3. Mailing Address

915 Oxford Dr.

Suite, Apt. #, etc.

Suite - C

Suite, Apt. #, etc.

Suite - C

City & State

Brandon, FL

City & State

Brandon, FL

Zip

33511

Country

Hillsborough

Zip

33511

Country

Hillsborough

6. Name and Address of Current Registered Agent

**FOSTER, MATTHEW J
100 N. TAMPA STREET, SUITE 2700
TAMPA FL 33602**

4. FEI Number **59-3543510**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional
Fee Required**

7. Name and Address of New Registered Agent

Name **James W. Lee**

Street Address (P.O. Box Number is Not Acceptable)

3502 Hollow Oak Pl

City **Brandon**

FL

Zip Code

33511

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 **James W. Lee**

(NOTE: Registered Agent signature required when reinstating)

DATE **4/17/03**

**FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003**

9. MANAGING MEMBERS/MANAGERS

TITLE **MGR** ☐ Delete
NAME **LEE, JAMES W**
STREET ADDRESS **3502 HOLLOW OAK PLACE**
CITY-ST-ZIP **BRANDON FL 33511**

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition
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STREET ADDRESS
CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: **James W. Lee** REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

DATE **4/17/03** (812) 689-2548
Daytime Phone #

CR2E083 (10/02)