

**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 28, 2004 08:00 AM
Secretary of State

DOCUMENT # M01000001338

1. Entity Name
TEN IN MOTION, LLC



Principal Place of Business
8544 COMMODITY CIRCLE
ORLANDO, FL 32819

Mailing Address
8544 COMMODITY CIRCLE
ORLANDO, FL 32819



02172004No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEL Number
59-3719176

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent

ALLEN DYER DOPPELT MILBRATH & GILCHRIST
225 S. ORANGE AVE STE 1401
ORLANDO, FL 32801

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when re-registering)

DATE

Filing Fee is \$50.00
Due by May 1, 2004

000000134378
04/28/04-80016-024 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE	D
NAME	PLOGSTEDT, MARC
STREET ADDRESS	8544 COMMODITY CIR
CITY - ST - ZIP	ORLANDO, FL 32819
TITLE	D
NAME	COAN, WILLIAM
STREET ADDRESS	8544 COMMODITY CIR
CITY - ST - ZIP	ORLANDO, FL 32819
TITLE	D
NAME	JENSEN, JEFFREY
STREET ADDRESS	8544 COMMODITY CIR
CITY - ST - ZIP	ORLANDO, FL 32819
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

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:

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

Date

Daytime Phone #

[Signature] **Bill Coan** 4/26/04 (407) 226-0200