

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # M03000001976

1. Entity Name

THI OF FLORIDA AT OSCEOLA, LLC



Principal Place of Business

930 RIDGEBROOK RD.  
SPARKS, MD 21152

Mailing Address

930 RIDGEBROOK RD.  
SPARKS, MD 21152

**FILED**  
**Aug 04, 2008 08:00 AM**  
**Secretary of State**



07142008No Chg-LLC

CR2E083 (12/07)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number

20-0055017

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

NATIONAL CORPORATE RESEARCH, LTD., INC.  
515 EAST PARK AVE.  
TALLAHASSEE, FL 32301

**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 reinstating)

DATE

**FILE NOW!!! FEE IS \$138.75**  
**Due by September 12, 2008**

In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

9. MANAGING MEMBERS/MANAGERS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGR  
BENNETT, W. BRADLEY  
930 RIDGEBROOK RD.  
SPARKS, MD 21152

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGR  
WARLOW, MELISSA  
930 RIDGEBROOK RD.  
SPARKS, MD 21152

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGR  
FULCHINO, MARK  
930 RIDGEBROOK RD.  
SPARKS, MD 21152

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

U00000956984  
08/04/08-80005-011 138.75

**DO NOT WRITE  
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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

Melissa Warlow

7/30/08

Date

410-773-1176

Daytime Phone #