

**2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000024060

**FILED**  
**Apr 10, 2014**  
**Secretary of State**  
**CC9072215271**

**Entity Name:** TEA PARTY OF PUNTA GORDA, LLC

**Current Principal Place of Business:**

24690 SANDHILL BLVD.  
UNIT 604 & 605  
PUNTA GORDA, FL 33893

**Current Mailing Address:**

3941TAMIAMI TRAIL #3157, PMB 62  
PUNTA GORDA, FL 33950

**FEI Number:** 27-2256486

**Certificate of Status Desired:** Yes

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

ZEHR, MARK  
24690 SANDHILL BLVD.  
UNIT 604 & 605  
PUNTA GORDA, FL 33893 US

*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

**Authorized Person(s) Detail :**

Title           PRESIDENT  
Name           ZEHR, MARK  
Address        24690 SANDHILL BLVD., UNIT 604 &  
                  605  
City-State-Zip: PUNTA GORDA FL 33893

Title           SECRETARY  
Name           BLACKSTONE, JOAN  
Address        149 CATAMARACA CT.  
City-State-Zip: PUNTA GORDA FL 33983

Title           MGRM  
Name           BIGELOW, WILLIAM  
Address        22540 BOLANOS CT.  
City-State-Zip: PORT CHARLOTTE FL 33952

Title           TREASURER  
Name           SCHAFF, PAULA K  
Address        26255 STILLWATER CIR  
City-State-Zip: PUNTA GORDA FL 33955

Title           VP  
Name           METYK, MICHAEL DR.  
Address        3248 VILLAGE LANE  
City-State-Zip: PORT CHARLOTTE FL 33952

Title           MGRM  
Name           DONELSON-SEBUL, DEBBIE  
Address        22165 NEW YORK AVE  
City-State-Zip: PORT CHARLOTTE FL 33952

Title           MGRM, MANAGING MEMBER  
Name           DLUGOSZ, JOSEPH  
Address        25895 PRADA DR.  
City-State-Zip: PUNTA GORDA FL 33955

Title           MANAGING MEMBER  
Name           DANIELS, L.A.  
Address        471 FLETCHER ST.  
City-State-Zip: PORT CHARLOTTE FL 33954

**Continues on page 2**

*I hereby certify that the information indicated on this report or supplemental 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** PAULA K SCHAFF

**TREASURER**

**04/10/2014**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date

**Authorized Person(s) Detail Continued :**

Title           MANAGING MEMBER  
Name           TOROK, LES  
Address        21283 EATON AVE.  
City-State-Zip: PORT CHARLOTTE FL 33952