

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000066130

Entity Name: THOMAS MCCORMICK LLC

FILED  
Apr 27, 2005  
Secretary of State

## Current Principal Place of Business:

801 WEST BAY DRIVE  
4TH FLOOR  
LARGO, FL 33770

## New Principal Place of Business:

138 107TH AVE  
SUITE 330  
TREASURE ISLAND, FL 337064716

## Current Mailing Address:

801 WEST BAY DRIVE  
4TH FLOOR  
LARGO, FL 33770

## New Mailing Address:

138 107TH AVE  
SUITE 330  
TREASURE ISLAND, FL 337064716

FEI Number: 34-2014394

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

MCCORMICK, THOMAS  
801 WEST BAY DRIVE  
4TH FLOOR  
LARGO, FL 33770 US

## Name and Address of New Registered Agent:

MCCORMICK, THOMAS  
138 107TH AVE  
SUITE 330  
TREASURE ISLAND, FL 337064716 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: THOMAS MCCORMICK

04/27/2005

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MEMBERS:

Title: MGMR ( ) Delete  
Name: MCCORMICK, THOMAS  
Address: 801 WEST BAY DRIVE, 4TH FLOOR  
City-St-Zip: LARGO, FL 33770

## ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition  
Name: MCCORMICK, THOMAS  
Address: 138 107TH AVE, SUITE 330  
City-St-Zip: TREASURE ISLAND, FL 337064716

I hereby certify that the information supplied with this filing does not qualify for the 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 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: THOMAS MCCORMICK

MGRM

04/27/2005

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