2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 25, 2003 8:00 am
Secretary of State
03-25-2003 90054 007 ****55.00

DOCUMENT # L02000023304

1. Entity Name
T.D.M. OF FLORIDA, LLC

Principal Place of Business	Mailing Address
21 LITTLE BAY HARBOR PONTE VEDRA BEACH FL 32082	P.O. BOX 3105 PONTE VEDRA BEACH FL 32004-3105

☑ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
3277 Old Barn Rd W	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: PONTE VEDRA FL	City & State
Zip: 32082 Country: St.Johns	Zip / Country

4. FEI Number: 043-71-1725 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

MIRON, DAVID A
21 LITTLE BAY HARBOR
PONTE VEDRA BEACH FL 32082

7. Name and Address of New Registered Agent

Name —
Street Address (P.O. Box Number is Not Acceptable): 3277 Old Barn Rd W
City: Ponte Vedra Beach FL Zip Code: 32082

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: David A Miron — DAVID A MIRON — 3/23/2003
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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

9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS / CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM DAVID A MIRON 3277 Old Barn Rd W Ponte Vedra Beach FL 32082	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E083 (10/02)

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: David A Miron REQUIRED — 3/23/2003 — 9045439543
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #