

2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L11000133428

Entity Name: TOMI TIPI LLC**Current Principal Place of Business:**690 LONE PINE LANE
WESTON, FL 33327**Current Mailing Address:**690 LONE PINE LANE
WESTON, FL 33327**FEI Number:** 99-0371158**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST.
4TH FLOOR
MIAMI, FL 33145 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	MGR
Name	ROSALES, ARIEH
Address	690 LONE PINE LANE
City-State-Zip:	WESTON FL 33327

Title	MGR
Name	ROSALES, ABRAHAM
Address	690 LONE PINE LANE
City-State-Zip:	WESTON FL 33327

Title	MGR
Name	ROSALES, JOSY
Address	690 LONE PINE LANE
City-State-Zip:	WESTON FL 33327

Title	MGR
Name	ROSALES, MOISES
Address	690 LONE PINE LANE
City-State-Zip:	WESTON FL 33327

Title	MGR
Name	ROSALES, BENJAMIN
Address	690 LONE PINE LANE
City-State-Zip:	WESTON FL 33327

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: ARIEH ROSALES**DIRECTOR****03/26/2016**_____
Electronic Signature of Signing Authorized Person(s) Detail_____
Date