

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L13000026020

**Entity Name:** THOMLEE MANAGEMENT, LLC

**Current Principal Place of Business:**

541 MARY ESTHER CUTOFF  
FORT WALTON BEACH, FL 32548

**Current Mailing Address:**

1245 BRIDGESTONE BLVD.  
LAVERGNE, TN 37086

**FEI Number:** 46-2241226

**Certificate of Status Desired:** No

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

LEE, ROBERT E  
541 MARY ESTHER CUTOFF  
FORT WALTON BEACH, FL 32548 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           MANAGER  
Name           LEE, ROBERT E  
Address        541 MARY ESTHER CUTOFF  
City-State-Zip: FORT WALTON BEACH FL 32548

Title           MANAGER  
Name           YOUNG, FRANK  
Address        1245 BRIDGESTONE BLVD.  
City-State-Zip: LAVERGNE TN 37086

Title           MANAGER  
Name           THOMPSON, DEWITT C V  
Address        1245 BRIDGESTONE BLVD.  
City-State-Zip: LAVERGNE TN 37086

Title           AUTHORIZED REPRESENTATIVE  
Name           ODEN, RANDALL A  
Address        1245 BRIDGESTONE BLVD.  
City-State-Zip: LAVERGNE TN 37086

*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:** RANDALL A ODEN

**CONTROLLER**

**03/19/2015**

Electronic Signature of Signing Authorized Person(s) Detail

Date