

**2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L14000050888

**Entity Name:** TOMKEN, LLC

**Current Principal Place of Business:**

1627 SW MONARCH CLUB DRIVE  
PAM CITY, FL 34990

**Current Mailing Address:**

1627 SW MONARCH CLUB DRIVE  
PAM CITY, FL 34990

**FEI Number: 46-5248413**

**Certificate of Status Desired: Yes**

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

LETSCH, THOMAS F  
1627 SW MONARCH CLUB DRIVE  
PALM CITY, FL 34990 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            LETSCH, THOMAS F  
Address        1627 SW MONARCH CLUB DRIVE  
City-State-Zip: PALM CITY FL 34990

Title            VP  
Name            LETSCH, EILEEN F, VP  
Address        1627 SW MONARCH CLUB DRIVE  
City-State-Zip: PAM CITY FL 34990

*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: THOMAS F. LETSCH**

**PRES**

**01/26/2016**

Electronic Signature of Signing Authorized Person(s) Detail

Date