

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 26, 2004 8:00 am
Secretary of State

04-26-2004 90042 011 ****50.00

DOCUMENT # L00000015963

1. Entity Name
TM GROUP, LLC



Principal Place of Business
**806 W DE LEON STREET
STE C
TAMPA, FL 33606**

Mailing Address
**806 W DE LEON STREET
STE C
TAMPA, FL 33606**

24053890



2. Principal Place of Business
105 S. ALBANY AVENUE
Suite, Apt. #, etc.

3. Mailing Address
105 S. ALBANY AVENUE
Suite, Apt. #, etc.

04212004 Chg-LLC CR2E083 (10/03)

City & State
TAMPA, FL

City & State
TAMPA, FL

4. FEI Number
52-2285762

Applied For
Not Applicable

Zip
33606

Country

Zip
33606

Country

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

6. Name and Address of Current Registered Agent

**MANNERS, RICHARD E
806 W DE LEON STREET STE C
TAMPA, FL 33606**

7. Name and Address of New Registered Agent

Name
MANNERS, RICHARD E

Street Address (P.O. Box Number is Not Acceptable)

105 S. ALBANY AVENUE

City
TAMPA, FL

FL

Zip Code
33606

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00
Due by May 1, 2004**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
GREEN MOUNTAIN BUSINESS, INC.
806 W DE LEON STREET STE C
TAMPA, FL 33606** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
GREEN MOUNTAIN BUSINESSES, INC.
105 S. ALBANY AVENUE
TAMPA, FL 33606** ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

4/26/04 813-258 8568