

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000004401

Entity Name: TMC CONNORS, LLC

FILED
Apr 09, 2005
Secretary of State

Current Principal Place of Business:

762 105 AVE. NORTH
NAPLES, FL 34108

New Principal Place of Business:

Current Mailing Address:

762 105 AVE. NORTH
NAPLES, FL 34108

New Mailing Address:

FEI Number: 62-1853686

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

AUSTIN, ARLENE F
5811 PELICAN BAY BLVD.
SUITE 201
NAPLES, FL 34108 US

Name and Address of New Registered Agent:

CONNORS, MONICA
762 105TH AVE N
NAPLES, FL 34108 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: MONICA CONNORS

04/09/2005

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGRM () Delete
Name: CONNORS, THOMAS J
Address: 762 105 AVE. NORTH
City-St-Zip: NAPLES, FL 34108

Title: MGRM () Delete
Name: CONNORS, MONICA
Address: 762 105 AVE. NORTH
City-St-Zip: NAPLES, FL 34108

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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 608, Florida Statutes.

SIGNATURE: MONICA CONNORS

MGRM

04/09/2005

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date