

**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 29, 2004 08:00 AM
Secretary of State

DOCUMENT # L01000016307

1. Entity Name

TOM R. AND ASSOCIATES, LLC



Principal Place of Business

726 N.E. 1ST STREET
GAINESVILLE, FL 32601-5347

Mailing Address

726 N.E. 1ST STREET
GAINESVILLE, FL 32601-5347



03102004 No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3745849

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

RUSH, ROBERT A
726 N.E. 1ST STREET
GAINESVILLE, FL 32601-5347

**DO NOT WRITE
IN THIS SPACE**

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**

000000099052
03/29/04-80067-019 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	RUSH, ROBERT A
STREET ADDRESS	726 N.E. 1ST STREET
CITY - ST - ZIP	GAINESVILLE, FL 326015347
TITLE	MGR
NAME	SPERRING, TOM R SR.
STREET ADDRESS	2928 N.W. 22ND ST.
CITY - ST - ZIP	GAINESVILLE, FL 32605
TITLE	MGR
NAME	SPERRING, PHYLLIS
STREET ADDRESS	2928 N.W. 22ND ST.
CITY - ST - ZIP	GAINESVILLE, FL 32605
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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, OR AUTHORIZED REPRESENTATIVE

Robert A. Rush

Date

Daytime Phone #

3/25/04 352 373 7566