

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 21, 2005 8:00 am
Secretary of State

04-21-2005 90026 003 ****50.00

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

60033398



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04122005 Chg-LLC CR2E083 (10/03)

City & State

City & State

4. FEI Number

59-3745849

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

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

City

FL

Zip Code

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, 2005

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGR ☐ Delete
NAME RUSH, ROBERT A
STREET ADDRESS 726 N.E. 1ST STREET
CITY-ST-ZIP GAINESVILLE, FL 326015347

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

TITLE MGR ☐ Delete
NAME SPERRING, TOM R SR.
STREET ADDRESS 2928 N.W. 22ND ST.
CITY-ST-ZIP GAINESVILLE, FL 32605

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

TITLE MGR ☐ Delete
NAME SPERRING, PHYLLIS
STREET ADDRESS 2928 N.W. 22ND ST.
CITY-ST-ZIP GAINESVILLE, FL 32605

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

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

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

4/20/05

Date

3523737566

Daytime Phone #