

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000016307

FILED
Feb 16, 2009
Secretary of State

Entity Name: TOM R. AND ASSOCIATES, LLC

Current Principal Place of Business:

11 SE SECOND AVE
GAINESVILLE, FL 32601

New Principal Place of Business:

Current Mailing Address:

11 SE SECOND AVE
GAINESVILLE, FL 32601

New Mailing Address:

FEI Number: 59-3745849

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RUSH, ROBERT A
11 SE SECOND AVE
GAINESVILLE, FL 32601 US

Name and Address of New Registered Agent:

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

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: RUSH, ROBERT A
Address: 11 SE SECOND AVE
City-St-Zip: GAINESVILLE, FL 32601

Title: MGR () Delete
Name: SPERRING, TOM R SR.
Address: 2928 N.W. 22ND ST.
City-St-Zip: GAINESVILLE, FL 32605

Title: MGR () Delete
Name: SPERRING, PHYLLIS
Address: 2928 N.W. 22ND ST.
City-St-Zip: GAINESVILLE, FL 32605

ADDITIONS/CHANGES:

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

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 exemption stated in Chapter 119, 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: ROBERT A. RUSH

MGR

02/16/2009

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