

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Mar 21, 2006 8:00 am
Secretary of State

03-21-2006 90296 015 ****50.00

DOCUMENT # 401000017490

1. Entity Name

LEADER TOMKINS, L.L.C.



Principal Place of Business

G/O JEANNIE HERAN-
6985 57TH STREET
VERO BEACH FL 32967

Mailing Address

6985 57TH ST-
VERO BEACH FL 32967



2. Principal Place of Business

PO Box 690386
Suite, Apt. #, etc.

3. Mailing Address

PO Box 690386
Suite, Apt. #, etc.

1st MOORE

CR2E083 (10/05)

City & State

Vero Beach, FL

City & State

Vero Beach, FL

4. FEI Number

65-1155123

Applied For

Not Applicable

Zip

32969-0386

Country

USA

Zip

32969-0386

Country

USA

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

GARRIS, CHARLES E
817 BEACHLAND BLVD.
VERO BEACH FL 32963

7. Name and Address of New Registered Agent

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 reappointing)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2006

9. MANAGING MEMBERS/MANAGERS

TITLE MGR ☐ Delete
NAME HERAN, SHAUNA
STREET ADDRESS 6985 57TH STREET
CITY-ST-ZIP VERO BEACH FL 32963

TITLE MGRM ☐ Delete
NAME HERAN, GLENN
STREET ADDRESS 6985 57TH ST-
CITY-ST-ZIP VERO BEACH FL 32967

TITLE MGRM ☐ Delete
NAME HERAN, DEAN
STREET ADDRESS 6985 57TH STREET
CITY-ST-ZIP VERO BEACH FL 32967

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☒ Change ☐ Addition
NAME PO Box 690386
STREET ADDRESS Vero Beach, FL 32969-0386
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
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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 exemptions contained in Section 119, 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 #

3/21/06 (772) 770-6424