

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 17, 2006 08:00 AM
Secretary of State

DOCUMENT # L02000018752

1. Entity Name
TM ENERGY, LLC



Principal Place of Business
**725 EAGLE POINT DRIVE
VENICE, FL 34292**

Mailing Address
**725 EAGLE POINT DRIVE
VENICE, FL 34292**

DO NOT WRITE IN THIS SPACE



03212006No Chg-LLC

CR2E083 (11/05)

4. FEI Number
22-3874074

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$5.00 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**MIRABELLA, ANTHONY C
725 EAGLE POINT DRIVE
VENICE, FL 34292**

**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, 2006**

**U00000515255
04/29/06-80203-015 50.00**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
MIRABELLA, ANTHONY C
725 EAGLE POINT DRIVE
VENICE, FL 34292**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
MIRABELLA, LYNNE M
725 EAGLE POINT DRIVE
VENICE, FL 34292**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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 606, Florida Statutes.

SIGNATURE _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

4/15/06

941 484 9501

Date

Daytime Phone #