

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000018752

Entity Name: TM ENERGY, LLC

FILED
Apr 15, 2009
Secretary of State

Current Principal Place of Business:

725 EAGLE POINT DRIVE
VENICE, FL 34292

New Principal Place of Business:

Current Mailing Address:

725 EAGLE POINT DRIVE
VENICE, FL 34292

New Mailing Address:

725 EAGLE POINT DRIVE
VENICE, FL 34285

FEI Number: 22-3874074

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

MIRABELLA, ANTHONY C
725 EAGLE POINT DRIVE
VENICE, FL 34285 US

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:

04/15/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: MIRABELLA, ANTHONY C
Address: 725 EAGLE POINT DRIVE
City-St-Zip: VENICE, FL 34292

Title: MGRM () Delete
Name: MIRABELLA, LYNNE M
Address: 725 EAGLE POINT DRIVE
City-St-Zip: VENICE, FL 34292

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: MIRABELLA, ANTHONY C
Address: 725 EAGLE POINT DRIVE
City-St-Zip: VENICE, FL 34285

Title: MGRM (X) Change () Addition
Name: MIRABELLA, LYNNE M
Address: 725 EAGLE POINT DRIVE
City-St-Zip: VENICE, FL 34285

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: ANTHONY C MIRABELLA

PRES

04/15/2009

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