

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 13, 2006 08:00 AM
Secretary of State

DOCUMENT # L02000023304

1. Entity Name
T.D.M. OF FLORIDA, LLC



Principal Place of Business
3277 OLD BARN RD W
PONTE VEDRA BEACH, FL 32082

Mailing Address
P.O. BOX 3105
PONTE VEDRA BEACH, FL 32004-3105



03092006No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
04-3711725

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

MIRON, DAVID A
3277 OLD BARN RD W
PONTE VEDRA BEACH, FL 32082

**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 renewing)

DATE

**Filing Fee is \$50.00
Due by May 1, 2006**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MIRON, DAVID A 3277 OLD BARN RD W PONTE VEDRA BEACH, FL 32082
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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 608, Florida Statutes.

SIGNATURE:

David A Miron

3/9/2006

904 614 1177

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

Date

Daytime Phone #