


2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 25, 2003 8:00 am
Secretary of State

03-25-2003 90054 007 ****55.00

DOCUMENT # L02000023304

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



Principal Place of Business
**21 LITTLE BAY HARBOR
PONTE VEDRA BEACH FL 32082**

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

2. Principal Place of Business
3277 Old Barn Rd W

3. Mailing Address
Suite, Apt. #, etc.

City & State
PONTE VEDRA FL

Zip
32082

Country
St. Johns



☒ CHECK HERE IF MAKING CHANGES

4. FEI Number
043-71-1725

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
21 LITTLE BAY HARBOR
PONTE VEDRA BEACH FL 32082**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)
3277 Old Barn Rd W

City **Ponte Vedra Beach** FL Zip Code **32082**

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 **David A Miron** **DAVID A MIRON** **3/23/2003**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DAVID A MIRON 3277 Old Barn Rd W PONTE VEDRA BEACH FL 32082	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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** **3/23/2003** **904 543 9543**
Signature and typed or printed name of signing managing member, manager, or authorized representative Date Daytime Phone #

CR2E083 (10/02)