

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000007117

Entity Name: TOM REID LLC

FILED  
May 15, 2009  
Secretary of State

## Current Principal Place of Business:

254 WEST CENTRAL AVENUE  
SUITE D  
WINTER HAVEN, FL 33880

## New Principal Place of Business:

1203 HELENA ROAD  
WINTER HAVEN, FL 33884

## Current Mailing Address:

254 WEST CENTRAL AVENUE  
SUITE D  
WINTER HAVEN, FL 33880

## New Mailing Address:

1203 HELENA ROAD  
WINTER HAVEN, FL 33884

FEI Number: 04-3744207      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

## Name and Address of Current Registered Agent:

REID, TOM  
254 WEST CENTRAL AVENUE  
SUITE D  
WINTER HAVEN, FL 33880 US

## Name and Address of New Registered Agent:

REID, TOM  
1203 HELENA ROAD  
WINTER HAVEN, FL 33884 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: TOM REID

05/15/2009

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete  
Name: REID, TOM  
Address: 254 WEST CENTRAL AVENUE SUITE D  
City-St-Zip: WINTER HAVEN, FL 33880

## ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition  
Name: REID, TOM  
Address: 1203 HELENA ROAD  
City-St-Zip: WINTER HAVEN, FL 33884

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: TOM REID

MGR

05/15/2009

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