

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 21, 2005 08:00 AM
Secretary of State

DOCUMENT # L03000044392

1. Entity Name
TOM'S MASONRY LLC



Principal Place of Business
**42051 DOGWOOD AVE
DELAND, FL 32720**

Mailing Address
**42051 DOGWOOD AVE
DELAND, FL 32720**



03082005No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
42-1609979

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**BURNS, THOMAS
42051 DOGWOOD AVE
DELAND, FL 32720**

**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, 2005**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	BURNS, THOMAS
STREET ADDRESS	42051 DOGWOOD AVE
CITY - ST - ZIP	DELAND, FL 32720
TITLE	MGR
NAME	DIVIL, ROBERT E
STREET ADDRESS	1572 N SILVERSTONE COURT
CITY - ST - ZIP	ORANGE CITY, FL 32763
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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03/21/05-80072-012 50.00

**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:

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

Date

Daytime Phone #

3/15/05