

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L03000045031

**FILED**  
**Feb 15, 2012**  
**Secretary of State**

**Entity Name:** THOMAS P. OWENS, LLC

**Current Principal Place of Business:**

379 PLANTATION ROAD  
WEWAHITCHKA, FL 32465

**New Principal Place of Business:**

379 PLANTATION ROAD  
WEWAHITCHKA, FL 32465 UN

**Current Mailing Address:**

379 PLANTATION ROAD  
WEWAHITCHKA, FL 32465

**New Mailing Address:**

**FEI Number:** 25-5273330      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

OWENS, THOMAS P  
379 PLANTATION ROAD  
WEWAHITCHKA, FL 32465 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGRM  
**Name:** OWENS, THOMAS P  
**Address:** 379 PLANTATION ROAD  
**City-St-Zip:** WEWAHITCHKA, FL 32465 US

I hereby 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: THOMAS P OWENS      MGR      02/15/2012

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