

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000057579

FILED
Mar 19, 2009
Secretary of State

Entity Name: TOM LONGO WALLPAPER, LLC

Current Principal Place of Business:

631 NW STANFORD LANE
PORT ST. LUCIE, FL 34983

New Principal Place of Business:

Current Mailing Address:

631 NW STANFORD LANE
PORT ST. LUCIE, FL 34983

New Mailing Address:

FEI Number: **FEI Number Applied For ()** **FEI Number Not Applicable (X)** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

BRECHBILL, MARK CPA
215 SOUTH FEDERAL HIGHWAY
SUITE 100
STUART, FL 34994 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: MGR () Delete
Name: LONGO, THOMAS
Address: 631 NW STANFORD LANE
City-St-Zip: PORT ST LUCIE, FL 37983

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: LONGO, THOMAS
Address: 631 NW STANFORD LANE
City-St-Zip: PORT ST LUCIE, FL 34983

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: THOMAS LONGO

MGR

03/19/2009

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