
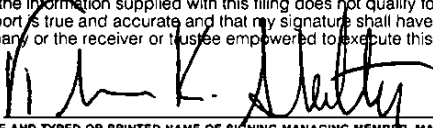


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 02, 2007 8:00 am
Secretary of State

03-02-2007 90189 031 ****50.00

DOCUMENT # L04000001955			
1. Entity Name TOM K. SLATTERY LLC			
Principal Place of Business 7430 MOLOKAI STREET ORLANDO, FL 32922		Mailing Address 7430 MOLOKAI STREET ORLANDO, FL 32922	
2. Principal Place of Business - No P.O. Box # 4131 LK. ELEANOR DR.		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State MOUNT DORA, FL.		City & State	
Zip 32757	Country LAKE	Zip	Country
6. Name and Address of Current Registered Agent SLATTERY, TOM K 7430 MOLOKAI STREET ORLANDO, FL 32922		7. Name and Address of New Registered Agent Name: SLATTERY TOM K Street Address (P.O. Box Number is Not Acceptable): 4131 LK. ELEANOR DR. City: MOUNT DORA FL Zip Code: 32757	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
Filing Fee is \$50.00 Due by May 1, 2007		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SLATTERY, TOM K 7430 MOLOKAI STREET ORLANDO, FL 32922 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM. SLATTERY, TOM K. 4131 LK. ELEANOR DR. MT. DORA, FL. 32757 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: 		2-21-07 4079470038	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date Daytime Phone #	

60020567



02142007 Chg-LLC CR2E083 (12/06)

4. FEI Number NOT APPLICABLE Applied For Not Applicable

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

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

DOCUMENT # L04000001955

1. Entity Name

TOM K. SLATTERY LLC



ATTACHMENT

Principal Place of Business

7430 MOLOKAI STREET
ORLANDO FL 32922

Mailing Address

7430 MOLOKAI STREET
ORLANDO FL 32922

2. Principal Place of Business - No P.O. Box #

4131 LAKE ELEANOR DR.

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

MT. DORA, FL.

City & State

City & State

Zip
32757

Country

LAKE

Zip

Country

4. FEI Number

NO-T APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired



\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

SLATTERY, TOM K
7430 MOLOKAI STREET
ORLANDO FL 32922

7. Name and Address of New Registered Agent

Name

SLATTERY, TOM K

Street Address (P.O. Box Number is Not Acceptable)

4131 LAKE ELEANOR DR.

City

MT. DORA

FL

Zip Code

32757

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SIGNATURE

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, 2007

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MGRM
SLATTERY, TOM K
7430 MOLOKAI STREET
ORLANDO FL 32922 ☐ Delete

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CITY - ST - ZIP
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10. ADDITIONS/CHANGES

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STREET ADDRESS
CITY - ST - ZIP
MGRM
SLATTERY, TOM K
4131 LK. ELEANOR DR
MT. DORA, FL. 32757 ☒ Change ☐ Addition

TITLE
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CITY - ST - ZIP
☐ Change ☐ Addition

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SIGNATURE:

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

Date

Daytime Phone #

2-2-07 407 947 0038