2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L04000003202

1. Entity Name
THOM ROBINSON, LLC

Principal Place of Business	Mailing Address
12882 MAHAN DRIVE TALLAHASSEE, FL 32309 US	PO BOX 413 MONTICELLO, FL 32345 US

DO NOT WRITE IN THIS SPACE

04272007 No Chg-LLC   CR2E083 (11/05)

4. FEI Number		Applied For
20-0596842		Not Applicable

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

6. Name and Address of Current Registered Agent

ROBINSON, THOM
12882 MAHAN DRIVE
TALLAHASSEE, FL 32309

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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, 2007

9.	MANAGING MEMBERS/MANAGERS
TITLE	MGR
NAME	ROBINSON, THOM
STREET ADDRESS	12882 MAHAN DRIVE
CITY-ST-ZIP	TALLAHASSEE, FL 32309
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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NAME	
STREET ADDRESS	
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NAME	
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CITY-ST-ZIP	

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05/23/07-80021-008 50.00

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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: _____ 04/27/07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE   Date   Daytime Phone #