2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

DOCUMENT # L04000024853 1. Entity Name TOMMY PARSONS, LLC					Jan 22, 2007 08:00 AM Secretary of State		
Principal Place of Business Mailing Address							
2550 BEE BRANCH LKS DR LABELLE FL 33935		2550 BEE BRANCH LKS DR LABELLE FL 33935) JARNIAZ BIJ 22NJ DJEJ BUNI PRIJI BUNI BUNI BUNI		ite i III I ee i	
A Dissipated	Description No. D.O. Description	0. 14-15 A-1-1					
2. Principal P	Place of Business - No P.O. Box #	. Mailing Addross					
Suite, Apt. #, etc		Sulc, Apt. #. etc		1st MOORE CR2E083 (10/06)			
City & State		City & Stato		4. FEI Number 20-1055457		plied For Applicable	
Zip	Country "	Zip Country		y	5. Certificate of Status Desired	\$5.00 Addı Fee Required	
	6. Name and Address of Current Re	gistered Agent	-		7. Name and Address of New Registere	d Agent	
DAG	CONC. TOMAY			Name /	1/A		
255	RSONS, TOMMY 50 BEE BRANCH LKS DR			Siroei Address (I	O. Box Number is Not Acceptable)		
LAE	BELLE FL 33935						
			-	City	F	L Zip Codo)
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 parting of registered agent and finic if applicable (NOTE: Registered Agent signature required when reinstalling) DATE							
FILE NOW!!! FEE IS \$50.00							
Make Check Payable to Florida Department of State Due By May 1, 2007					at of State		
9. MANAGING MEMBERS/MANAGERS			10.		ADDITIONS/CHANG	ES	
31114	MGR	☐ Delete	; 1(1)1		Δ1	☐ Change	☐ Addition
NAME STREET ADDRESS	PARSONS, TOMMY 2550 BEE BRANCH LKS DR		NAME STRICT	ADDRESS	NONE		1
CHY-SI-ZIP	LABELLE FL 33935		CiTY-S		1.01.		
NAME		☐ Delete	TITLE			☐ Change	Addition
STHELL ADDRESS CITY: ST-ZIP			SIRIFI City-S	ADDRESS 1-7IP	U00000598545 01/24/07-80079-0	14 50.00	į
HILE		☐ Delete	TITH			☐ Change	Addition
NAMI STREET ADDRESS			NAMÉ STRIET	ADDRESS			
CITY-ST-ZIF			CHY-2		-		
IIIIE		☐ Delete	TITLI			Change	Addition
NAME			NAMI	LINDRIA O			
STREET ADORESS CRY+ST-ZIP			SIRIET CITY-S	ADDRESS 1-7P			
TILLE		☐ Delete	1010.			Change	Addition
NAME			NAME			"	_
STREET ADDRESS CHY-ST-ZIP			STRIFT CITY-S	ADDRISS T-ZIP			
THIF		☐ Delete	TUTU			☐ Change	Addition
NAME CHARLES ARROWS CO.			NAME.	ADDREE			Ì
STATET ADDRESS CITY-ST-ZIP			STREET CITY-S	ADDRESS IT-ZIP			
11. I heroby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 logal effect as if made under eath; 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.							

FILED