

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000056831

FILED  
Apr 13, 2009  
Secretary of State

Entity Name: TOMI ENTERPRISES, LLC

**Current Principal Place of Business:**

1243 S CYPRESS ROAD  
POMPAÑO BEACH, FL 33060 US

**New Principal Place of Business:**

**Current Mailing Address:**

1243 S CYPRESS ROAD  
POMPAÑO BEACH, FL 33060 US

**New Mailing Address:**

FEI Number: 80-0118356

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

SCHNALL, ILENE S  
101 NE THIRD AVE  
SUITE 1500  
FORT LAUDERDALE, FL 33301 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 ( ) Delete  
Name: MANGOLA, ANTHONY J  
Address: 1243 S CYPRESS ROAD  
City-St-Zip: POMPAÑO BEACH, FL 33060 US

Title: MGRM ( ) Delete  
Name: FLEECES, MICHAEL  
Address: 1243 S CYPRESS ROAD  
City-St-Zip: POMPAÑO BEACH, FL 33060 US

Title: MGMR ( ) Delete  
Name: TOMPKINS, JANINE  
Address: 311 S M STREET  
City-St-Zip: LAKE WORTH, FL 33460 US

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: ANTHONY MANGOLA

MGMR

04/13/2009

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