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SECRETARY OF STATE
DIVISION OF CORPORATIONS

07 JUL 19 PM 1:40

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L04000059525

1. Entity Name
THOMAS FLETCHER LLC

Principal Place of Business	Mailing Address
3251 SHAMROCK EAST TALLAHASSEE, FL 32309	3251 SHAMROCK EAST TALLAHASSEE, FL 32309

DO NOT WRITE IN THIS SPACE

07092007No Chg-LLC CR2E083 (11/05)

4. FEI Number
59-3172561

☐ Applied For
☐ No. Applicable

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

6. Name and Address of Current Registered Agent

FLETCHER, THOMAS
3251 SHAMROCK EAST
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 name/address) DATE

Filing Fee is $50.00
Due by September 14, 2007

9.	MANAGING MEMBERS/MANAGERS
TITLE	MGRM
NAME	FLETCHER, THOMAS
STREET ADDRESS	3251 SHAMROCK EAST
CITY-ST-ZIP	TALLAHASSEE, FL 32309
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
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NAME	
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CITY-ST-ZIP	

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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.

55672

SIGNATURE: Thomas F Fletcher 7/19/07 02

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #