

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L04000072062

**Entity Name:** THOMAS J. FITZPATRICK, LLC

**FILED**  
**Mar 04, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

475 PALMDALE DR.  
OLDSMAR, FL 34677

**New Principal Place of Business:**

**Current Mailing Address:**

475 PALMDALE DR.  
OLDSMAR, FL 34677

**New Mailing Address:**

**FEI Number:** 34-2006712

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

FITZPATRICK, THOMAS J  
475 PALMDALE DR.  
OLDSMAR, FL 34677 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  
**Name:** FITZPATRICK, THOMAS J  
**Address:** 475 PALMDALE DR.  
**City-St-Zip:** OLDSMAR, FL 34677

I hereby 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: THOMAS J. FITZPATRICK

MGRM

03/04/2011

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