#### 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**DOCUMENT # L05000000742** 

1. Entity Name

TOMVER GOODIES LLC

Principal Place of Business

7488 HOFFNER AVENUE ORLANDO, FL 32822 US

Mailing Address

3141 CONRAD COURT KISSIMMEE, FL 34744

US

# FILED May 01, 2008 08:00 AN Secretary of State



### DO NOT WRITE IN THIS SPACE

04102008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number 20-2102379

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

VERA, TOMAS 7930 ANTIBES CRT ORLANDO, FL 32825

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<ol><li>The above named entity submits this statement for the purpose of cha the obligations of registered agent.</li></ol>	inging its registered office or registered agent, or both, in th	e State of Florida I am familiar with, and accept
SIGNATURE Sonature, typed or printed name of registered agent and title if applicable.	(NOTE: Registered Agent signature required when reinstating)	DATE

#### FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75

U00000936693 05/27/08-80020-013 138.75

9.	MANAGING MEMBERS/MANAGERS
TITLE	MGR
NAME	VERA, TOMAS
STREET ADDRESS	3141 CONRAD COURT
CITY-ST-ZIP	KISSIMMEE, FL 34744
TITLE	MGR
NAME	VERA, MILAGROS
STREET ADDRESS	3141 CONRAD COURT
CITY-ST-ZIP	KISSIMMEE, FL 34744
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADORESS	
CITY-ST-ZIP	
TITLE	
NAME	,
STREET ADDRESS	
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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daylime Phone #