FILED
Jun 30, 2008 8:00 am
Secretary of State
05-13-2008 90065 038 ***138.75

5/5

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L05000010135

1. Entity Name
THOROBAY.COM LLC

Principal Place of Business	Mailing Address
526 S.E. 897 STREET OLD TOWN, FL 32680	PO BOX 985 OLD TOWN, FL 32680

300100033

04182008 No Chg-LLC CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number
NOT APPLICABLE
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

~~[illegible]~~ Herring, Kimberly
~~[illegible]~~ 522 SE 897th St
OLD TOWN, FL 32680 Old Town, Fl 32680

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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] 4-23-08
Signature, typed or printed name of registered agent and title if applicable. DATE: Registered Agent signature required when reinstating. DATE

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

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	HERRING, H. DALE
STREET ADDRESS	526 S.E. 897 STREET
CITY-ST-ZIP	OLD TOWN, FL 32680
TITLE	MGRM
NAME	Herring, Kimberly
STREET ADDRESS	PO Box 985
CITY-ST-ZIP	Old Town, fl 32680
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
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] 6-2-08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #