## 2009 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

## DOCUMENT# L05000010135

Entity Name: THOROBAY.COM LLC

**FILED** Jun 25, 2009 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 

526 S.E. 897 STREET OLD TOWN, FL 32680

**Current Mailing Address: New Mailing Address:** 

PO BOX 985 OLD TOWN, FL 32680

FEI Number: FEI Number Applied For (X) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

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

HERRING, KIMBERLY 522 SW 897TH ST OLD TOWN, FL 32680 US

MANAGING MEMBERS/MANAGERS:

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:

Date

## Electronic Signature of Registered Agent

## ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition () Delete

MGR HERRING, H. DALE HERRING, H. DALE Name: Name: Address: 526 S.E. 897 STREET Address: 526 S.E. 897 STREET City-St-Zip: OLD TOWN, FL 32680 City-St-Zip: OLD TOWN, FL 32680

(X) Change ( ) Addition Title: MGRM () Delete Title: MGR

Name: HERRING, KIMBERLY Name: HERRING, JON C Address: PO BOX 985 Address: 526 S E 897TH STREET City-St-Zip: OLD TOWN, FL 32680 City-St-Zip: OLD TOWN, FL 32680

Title: () Delete Title: MGR ( ) Change (X) Addition

Name: HERRING, MATTHEW Name: 526 S E 897TH STREET Address: Address: City-St-Zip: City-St-Zip: OLD TOWN, FL 32680

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: H. DALE HERRING **MGRM** 06/25/2009