

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 28, 2006 8:00 am
Secretary of State

02-28-2006 90179 035 ****50.00

DOCUMENT # L05000040328

1. Entity Name
TOMTOO, LLC



Principal Place of Business
8889 PELICAN BAY BOULEVARD, SUITE 400
NAPLES, FL 34108

Mailing Address
8889 PELICAN BAY BOULEVARD, SUITE 400
NAPLES, FL 34108

2. Principal Place of Business
9010 STRADA STELL CT
Suite, Apt. #, etc.
SUITE 205

3. Mailing Address
9010 STRADA STELL CT
Suite, Apt. #, etc.
SUITE 205



01102006 Chg-LLC CR2E083 (11/05)

City & State
NAPLES FL
Zip 34109 Country USA

City & State
NAPLES FL
Zip 34109 Country USA

4. FEI Number _____ Applied For
☒ Not Applicable

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

6. Name and Address of Current Registered Agent

CHUR, BARBARA B
8889 PELICAN BAY BOULEVARD, SUITE 400
NAPLES, FL 34108

7. Name and Address of New Registered Agent

Name _____
Street Address (P.O. Box Number is Not Acceptable)
9010 STRADA STELL COURT #205
City NAPLES FL Zip Code 34109

8. The above named entity submits the 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 reinstating)

2/17/06

DATE

**Filing Fee is \$50.00
Due by May 1, 2006**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Delete
				<input type="checkbox"/> Delete
				<input type="checkbox"/> Delete
				<input type="checkbox"/> Delete
				<input type="checkbox"/> Delete
				<input type="checkbox"/> Delete
				<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
MANAGING MEMBER	BARBARA B. CHUR	9010 STRADA STELL CT. #205	NAPLES FL 34109	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
				<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/> Change	<input type="checkbox"/> Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemption 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, MANAGER, OR AUTHORIZED REPRESENTATIVE

2/17/06

Date

239-254-2400

Daytime Phone #