

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000043516

Entity Name: TOBYCOM, LLC

FILED
Jan 21, 2008
Secretary of State

Current Principal Place of Business:

7760 W 20TH AVE UNIT 21
HIALEAH, FL 33016

New Principal Place of Business:

Current Mailing Address:

7760 W 20TH AVE UNIT 21
HIALEAH, FL 33016

New Mailing Address:

FEI Number: 20-2788356

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HERNANDEZ, GERMAN
767 NANDINA DRIVE
WESTON, FL 33327 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 () Delete
Name: HERNANDEZ, GERMAN
Address: 767 NANDINA DRIVE
City-St-Zip: WESTON, FL 33327

Title: MGR () Delete
Name: FUENMAYOR, JESUS
Address: 767 NANDINA DRIVE
City-St-Zip: WESTON, FL 33327

Title: MGR () Delete
Name: HERNANDEZ, LUISA
Address: 767 NANDINA DRIVE
City-St-Zip: WESTON, FL 33327

Title: MGR () Delete
Name: BELLO, CARMEN
Address: 767 NANDINA DRIVE
City-St-Zip: WESTON, FL 33327

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: GERMAN HERNANDEZ

MGRM

01/21/2008

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