2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

Mar 28, 2006 8:00 am Secretary of State DOCUMENT # L05000058236 03-10-2006 90131 022 ***150.00 1. Entiry Name THOMAS AND COMPANY, LLC Principal Place of Business Mailing Address **30003353** 310 SOUTH 2D STREET 310 SOUTH 2D STREET FORT PIERCE FL 34950 FORT PIERCE FL 34950 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E083 (10/05) City & State City & State Applied For Not Applicable Zip Country Zip Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent :HENDRICKSON, KEVIN Street Address (P.O. Box Number is Not Acceptable) 310 SOUTH 2D STREET FORT PIERCE FL 34950 City Zip Code 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. t am familiar with, and accept the obligations of registered agent SIGNATURE September, typera on printed name or respectação agent and tign 4 appendante. (NOTE Herpstered Agent approxime required when recentaries) FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2006 9. MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES Change Detete TITLE MGR ΠΤ<u>ι ξ</u> ☐ Addition 8280 Hilden Dinots Road Fort Dierce, FL 34550 NAME HENDRICKSON, KEVIN NAME STREET ADDRESS 8390 HIDDEN PINES ROAD STREET ADDRESS FORT PIERCE FL 34945 CITY-SI-ZIF CITY-ST-ZIP THE Deleic MILE Change ☐ Addition NAME PUGH-HENDRICKSON, DIANE L NAME 5280 Hicken Pines Rd FF Pierce FL 34945 STREET ADDRESS 8390 HIDDEN PINES ROAD STREET ADDRESS CITY-ST-ZIP FORT PIERCE FL 34945 CITY-ST-ZIP Title Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CHY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Add:tion NAME NAME STREET ADDRESS STREET ADDRESS CITY-SI-ZIP CITY-S1-ZIP TITLE Delete [] Change Addition NAME STREET ADDRESS STREET ADDRESS CITY ST-71P CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition PMME NAME

FILED

11. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Section 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.

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY ST 7P

SIGNATURE:



March 14, 2006

THOMAS AND COMPANY, LLC 310 SOUTH 2D STREET FORT PIERCE, FL 34950

Subject: THOMAS AND COMPANY, LLC

Reference Number:

L05000058236

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$150.00; however, the report <u>has not been filed</u> and a copy is being returned for the following correction(s):

Please complete Block 4 by entering your Federal Employer Identification (FEI) number or by checking the appropriate box. If "APPLIED FOR" is preprinted in Block 4, you MUST now provide the FEI number. A Social Security number is not considered to be the same as the FEI number. For FEI number assistance, call the IRS at (800) 829-1040.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 6478, Tallahassee, Florida 32314 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 245-6051.

/JE ANNUAL REPORTS SECTION IRS DEPARTMENT OF THE TREASURY INTERNAL REVENUE SERVICE P.O. BOX 9003 HOLTSVILLE NY 11742-9003

06156

ATTACHMENT

Date of this notice: 07-19-2005

D50000526 Employer Identification Number: 20-3058947

006156.189437.0027.001 1 MB 0.309 702

Jallah Baladah Haran Halam Maham Mhambill

Form: SS-4

Number of this notice: CP 575 B

For assistance you may call us at: 1-800-829-4933

IF YOU WRITE, ATTACH THE STUB OF THIS NOTICE.

THOMAS AND COMPANY LLC HENDRICKSON KEVIN MBR 310 S 2ND ST FORT PIERCE FL 34950

WE ASSIGNED YOU AN EMPLOYER IDENTIFICATION NUMBER

Thank you for applying for an EIN. We assigned you EIN 20-3058947. This EIN will identify your business account, tax returns, and documents, even if you have no employees. Please keep this notice in your permanent records.

When filing tax documents, please use the label IRS provided. If that isn't possible you should use your EIN and complete name and address shown above on all federal tax forms, payments and related correspondence. If this information isn't correct, please correct it using the tear off stub from this notice. Return it to us so we can correct your account. If you use any variation of your name or EIN, doing so could cause a delay in processing and may result in incorrect information in your account. Doing so could result in our assigning you more than one EIN.

Based on the information from you or your representative, you must file the following form(s) by the date shown next to it.

Form 1065

04/15/2006

If you have questions about the form(s) or the due date(s) shown, you can call us at 1-800-829-4933 or write to us at the address at the top of the first page of this letter. If you need help in determining what your tax year is, you can get Publication 538, Accounting Periods and Methods, at your local IRS office or from our web site at www.irs.gov.

We assigned you a tax classification (S_Corporation, Partnership, etc.) based on—information obtained from you or your representative. It is not a legal determination of your tax classification, and is not binding on the IRS. If you want a determination of your tax classification, you may seek a private letter ruling from the IRS under the procedures set forth in Revenue Procedure 98-01, 1998-1 I.R.D.7 (or superceding revenue procedure for the year at issue.)