

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 16, 2007 08:00 AM
Secretary of State

DOCUMENT # L05000066757

1. Entity Name
TOMAL, LLC



Principal Place of Business

**121 PALMETTO ROAD
WEST PALM BEACH, FL 33405**

Mailing Address

**121 PALMETTO ROAD
WEST PALM BEACH, FL 33405**



04102007 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
35-2280906

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**EVANS, LESLIE R ESQ.
LESLIE ROBERT EVANS & ASSOCIATES, P.A.
214 BRAZILIAN AVENUE, SUITE 200
PALM BEACH, FL 33480**

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IN THIS SPACE**

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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$50.00
Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	THOMAS, GEOFFREY
STREET ADDRESS	121 PALMETTO LANE
CITY- ST- ZIP	WEST PALM BEACH, FL 33405
TITLE	MEMB
NAME	STAMATAKIS, ALEX
STREET ADDRESS	3562 EUREKA COAST WAY
CITY- ST- ZIP	LAS VEGAS, NV 89141
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

U000000713806
04/26/07-80022-027 50.00

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IN THIS SPACE**

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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #