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May 04, 2006 8:00 am
Secretary of State
04-17-2006 90039 021 ****50.00

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

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DOCUMENT # L05000087261

1. Entity Name
TODD THOMAS, LLC

30007122

03062006 Chg-LLC CR2E083 (11/05)

Principal Place of Business	Mailing Address
3420 HEIRLOOM ROSE PLACE OVIEDO, FL 32766 US	3420 HEIRLOOM ROSE PLACE OVIEDO, FL 32766 US

2. Principal Place of Business		3. Mailing Address	
5741 Oxford Moor Blvd		5741 Oxford Moor Blvd	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: Windermere, FL		City & State: Windermere, FL	
Zip: 34786	Country: Orange	Zip: 34786	Country: ORANGE

4. FEI Number: 20-3421448 ☑ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

MEECHIN, TODD T
3420 HEIRLOOM ROSE PLACE
OVIEDO, FL 32766

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable) 5741 Oxford Moor Blvd
City Windermere FL Zip Code 34786

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] MANAGING MEMBER 3/6/06
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, 2006

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MEECHIN, TODD T 3420 HEIRLOOM ROSE PLACE OVIEDO, FL 32766	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	 5741 Oxford Moor Blvd Windermere, FL 34786	☑ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

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] Managing Member 3/6/06 407-877-2133
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #