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2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 04, 2006 8:00 am
Secretary of State

04-17-2006 90039 021 ****50.00

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1. Entity Name
TODD THOMAS, LLC

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

03062006 Chg-LLC CR2E083 (11/05)

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	7. Name and Address of New Registered Agent
MEECHIN, TODD T 3420 HEIRLOOM ROSE PLACE OVIEDO, FL 32766	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: Todd Meechin 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	☑ Change ☐ Addition 5741 Oxford Moor Blvd Windermere, FL 34786
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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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: Todd Meechin 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 #