


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 08, 2007 8:00 am
Secretary of State

01-08-2007 90209 048 ****50.00

DOCUMENT # L05000119884 1. Entity Name TONIC HOME, LLC					
Principal Place of Business 906 S. GOLF VIEW STREET TAMPA, FL 33629			Mailing Address 906 S. GOLF VIEW STREET TAMPA, FL 33629		
2. Principal Place of Business - No P.O. Box # 711 S. Packwood Ave			3. Mailing Address 711 S. Packwood Ave		
Suite, Apt. #, etc. 			Suite, Apt. #, etc. 		
City & State Tampa Florida		City & State Tampa, Florida		4. FEI Number 04-3835336	
Zip 33606		Country USA		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				01022007 Chg-LLC CR2E083 (12/06)	
6. Name and Address of Current Registered Agent GARRATY, WENDY 711 S. PACKWOOD AVE TAMPA, FL 33606			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE <u>Wendy Garraty</u> <small>Signature, typed or printed name of registered agent and title if applicable.</small>		<u>Wendy Garraty</u> <small>(NOTE: Registered Agent Signature required when reinstating)</small>		DATE <u>1-2-07</u>	
Filing Fee is \$50.00 Due by May 1, 2007			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HAYES, LINDA 906 S. GOLF VIEW STREET TAMPA, FL 33629	<input type="checkbox"/> Delete <i>new Address</i>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HAYES, Linda 47000 Mather Lane Chagrin Falls, Ohio 44022
<input type="checkbox"/> Change <input type="checkbox"/> Addition		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GARRATY, WENDY 711 S. PACKWOOD AVE TAMPA, FL 33606	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
<input type="checkbox"/> Change <input type="checkbox"/> Addition		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
<input type="checkbox"/> Change <input type="checkbox"/> Addition		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
<input type="checkbox"/> Change <input type="checkbox"/> Addition		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
<input type="checkbox"/> Change <input type="checkbox"/> Addition		<input type="checkbox"/> Change <input type="checkbox"/> 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: <u>Linda Hayes</u> Linda HAYES <u>1-2-07</u> <u>813-767-9903</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					