

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**DOCUMENT # L06000013394**

1. Entity Name  
**T M CAPITAL, LLC**



**FILED**  
**Aug 29, 2008 08:00 AM**  
**Secretary of State**

Principal Place of Business  
**5317 FRUITVILLE ROAD, PMB 177  
SARASOTA, FL 34232**

Mailing Address  
**5317 FRUITVILLE ROAD, PMB 177  
SARASOTA, FL 34232**



08062008No Chg-LLC      CR2E083 (12/07)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>20-4262544</b>	Applied For Not Applicable
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5. Certificate of Status Desired        **\$5.00** Additional Fee Required

**6. Name and Address of Current Registered Agent**

**BRENNAN, THOMAS J  
5317 FRUITVILLE ROAD, PMB 177  
SARASOTA, FL 34232**

**DO NOT WRITE  
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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)      DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!! FEE IS \$138.75  
Due by September 12, 2008**

In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**9. MANAGING MEMBERS/MANAGERS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR BRENNAN, THOMAS J 5317 FRUITVILLE ROAD, PMB 177 SARASOTA, FL 34232</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR FLOTTERON, MICHELLE A 5317 FRUITVILLE ROAD, PMB 177 SARASOTA, FL 34232</b>
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U00000958541  
08/29/08-80001-001 138.75

**DO NOT WRITE  
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]*      8/5/08      941-322-1800  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE      Date      Daytime Phone #