

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
May 21, 2007 8:00 am
Secretary of State

05-21-2007 90364 038 ****50.00

DOCUMENT # L06000019385

1. Entity Name

TONY THOMAS, LLC



Principal Place of Business

3413 EDINBURGH DRIVE
PACE FL 32571

Mailing Address

3413 EDINBURGH DRIVE
PACE FL 32571

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

04-3848147

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

1st MOORE

CR2E083 (10/06)



6. Name and Address of Current Registered Agent

ANTHONY MICHAEL THOMAS
2216 EAST OLIVE ROAD, SUITE 101
PENSACOLA FL 32514

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

Signature, typed or printed name of registered agent, if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Thomas, T THOMAS 4/12/07

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2007

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
MANAGER
TONY THOMAS
3413 EDINBURGH DR
PACE, FL 32571

☐ Delete

TITLE
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CITY- ST- ZIP

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10. ADDITIONS/CHANGES

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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 Section 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, TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Thomas, T THOMAS 4/12/07 850-232-8182

Date

Daytime Phone #