2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR) DOCUMENT # L06000031673 1. Entity Name THOMAS OPICIALLO 1.5

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	08-07-2007 90009 009 ***

1. Entity Nam	18	•		1		, 0.00		
THOMAS ORIGINALS, LLC			1					
Principal Plan	e of Business	Mailing Address	 					
11 MAPLE R				20-				
HAINES CITY FL 33844 HAINES CITY FL 33844								
					1877			
2 Principal P	Place of Business - No P.O. Box#	3. Mailing Address			TONIS MUTATO STINI OTONIO SKIN ETONO UM	TET IN 12 EL		
z. i meipar	11 MIPIS RUN	11 MOPLE	RYV					
Suite, Apt.	W. etc.	Suite, Apt. #, etc.		2nd MOORE	CR2E083 (4/07)			
City & State LANGS CTY FL. WALNES CTY			FL	4. FEI Number 7-0-45534	~~ 	plied For Applicable		
3364	14 CABCE	33844/ S	Polt	5. Certificate of Status Desired	55.00 Add			
	6. Name and Address of Current R	lagistered Agent		7. Name and Address of New R	egistered Agent			
			Name	Name				
	Y, THOMAS M		Street Address	Street Address (P.O. Box Number is Not Acceptable)				
11 MAPLE RUN HAINES CITY FL 33844								
	• :				1 2 2			
	••		City		FL Zip Code	9		
	named entity submits this statement for	the purpose of changing its regi	stered office or registe	red agent, or both, in the State of Flo	rida. I am familiar with,	and accept		
the obligat	tions of registered agent.	/		5	2/1/1			
SIGNATURE	Signature, typed or printed name of requitered spent or	id ntie if applicable (NOTE Reg	intered Apert significe require	a when remaking)	DATE	 ,		
		FILE NOW						
		Make Check Payable to	Florida Departme	nt of State				
			ptember 5, 2007					
9.	MANAGING MEMBER	RS/MANAGERS	10.	ADDITIONS/	CHANGES			
TITLE	MGR	☐ Delete	IIILE		☐ Change	Addition (
NAME	RILEY, THOMAS M		NAME			ļ		
STREET ADORESS CITY-ST-ZIP	11 MAPLE RUN HAINES CITY FL 33844		STREET ADDRESS CITY-ST-ZIP			i		
TILE	13304	☐ Delete	TITLE		☐ Change	Addition		
NAME	1	_ 000,00	NAME		ن در	C. Padamon		
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CITY-ST-ZIP			CITY-ST-ZIP		<u>.</u>			
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NAME			NAME					
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CITY-ST-70P					TI Change	☐ Addition		
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NAME STREET ADDRESS			STREET ADDRESS			i		
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NAME		į	NAME			1		
STREET ADDRESS CITY-ST-7IP			STREET ADDRESS CITY-ST-ZIP					
45.45	certify that the information appropriate with	this filting does not qualify for the	avamotions container	I in Chapter 119, Florida Statutes I fo	urther certify that the info	rmation		
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 empoyared to execute this report as required by Chapter 608, Florida Statutes.								
timited fiability company or the receiver or indicate empowared to execute this report as required by Chapter 500, Fibrida Statutes.								
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