


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jul 09, 2007 8:00 am**  
**Secretary of State**

07-09-2007 90113 050 \*\*\*\*50.00

DOCUMENT # L06000035679		
1. Entity Name TOM'S PALMS LLC		

Principal Place of Business 530 CRAWFORDVILLE HWY CRAWFORDVILLE, FL 32327 US	Mailing Address 1560 CAPITAL CIRCLE NW SUITE 16 TALLAHASSEE, FL 32303 US
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2. Principal Place of Business - No P.O. Box # 530 Crawfordville Hwy	3. Mailing Address 530 Crawfordville Hwy.
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Crawfordville, FLA	City & State Crawfordville, FLA
Zip 32327	Zip 32327
Country WAKULLA	Country Wakulla

40123851



07032007 Chg-LLC CR2E083 (12/06)

4. FEI Number 20-4671447	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent EDDINGER, THOMAS P 530 CRAWFORDVILLE HWY CRAWFORDVILLE, FL 32327
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7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 Thomas P. Eddinger (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is \$50.00 Due by September 14, 2007	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM EDDINGER, THOMAS P 530 CRAWFORDVILLE HWY CRAWFORDVILLE, FL 32327 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: Thomas P. Eddinger  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone: #