



2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 27, 2007 8:00 am
Secretary of State

07-27-2007 90020 024 ****50.00

DOCUMENT # L06000036539 1. Entity Name TOM BRESHERS CONSULTING, L.L.C.					
Principal Place of Business 2134 PITTMAN DR. PANAMA CITY, FL 32405			Mailing Address 2134 PITTMAN DR. PANAMA CITY, FL 32405		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 20-5303269	
5. Certificate of Status Desired <input type="checkbox"/>				\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent BRESHERS, TOMMY L 2134 PITTMAN DR. PANAMA CITY, FL 32405				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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.				DATE 7/26/07	
SIGNATURE  <small>Signature typed or printed name of registered agent and title 4 applicable. (NOTE: Registered Agent signature required when reinstating)</small>				DATE	
Filing Fee is \$50.00 Due by September 14, 2007				Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP MGRM BRESHERS, TOMMY L 2134 PITTMAN DR. PANAMA CITY, FL 32405 <input type="checkbox"/> Delete				TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP MGRM BRESHERS, LEONA V 2134 PITTMAN DR. PANAMA CITY, FL 32405 <input type="checkbox"/> Delete				TITLE NAME STREET ADDRESS CITY-ST-ZIP <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	
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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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>				Date 7/26/07 Daytime Phone # 850 784 0854	

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05082007 Chg-LLC CR2E083 (12/06)

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

Filing Fee is \$50.00
Due by September 14, 2007

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
BRESHERS, TOMMY L
2134 PITTMAN DR.
PANAMA CITY, FL 32405

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
BRESHERS, LEONA V
2134 PITTMAN DR.
PANAMA CITY, FL 32405

☐ Delete

TITLE
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CITY-ST-ZIP

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10. ADDITIONS/CHANGES

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SIGNATURE: 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date **7/26/07** Daytime Phone # **850 784 0854**