


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jan 10, 2007 8:00 am**  
**Secretary of State**

01-10-2007 90058 027 \*\*\*\*50.00

<b>DOCUMENT # L06000055687</b>	
1. Entity Name <b>TOM'S SPECIALTY PRODUCTS LLC</b>	

Principal Place of Business <b>230 NORTH WASHINGTON AVE. APOPKA, FL 32703</b>	Mailing Address <b>230 NORTH WASHINGTON AVE. APOPKA, FL 32703</b>
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2. Principal Place of Business - No P.O. Box # <b>230 N. Washington Ave</b>	3. Mailing Address <b>230 N. Washington Ave</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State <b>Apopka FL</b>	City & State <b>Apopka FL</b>
Zip <b>32703</b>	Zip <b>32703</b>
Country <b>ORANGE</b>	Country <b>ORANGE</b>



01042007 Chg-LLC CR2E083 (12/06)

4. FEI Number <b>03-0592194</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required
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6. Name and Address of Current Registered Agent <b>SPIEGEL &amp; UTRERA, P.A. 1840 SW 22ND ST. 4TH FLOOR MIAMI, FL 33145</b>
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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

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 and title if applicable.	(NOTE: Registered Agent signature required when reinstating)	DATE
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<b>Filing Fee is \$50.00 Due by May 1, 2007</b>	<b>Make check payable to Florida Department of State</b>
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9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR DORMAN, THOMAS 230 NORTH WASHINGTON AVE. APOPKA, FL 32703 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST DORMAN, CAROLYN 230 NORTH WASHINGTON AVE. APOPKA, FL 32703 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>230 N. Washington Ave Apopka, FL 32703</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>230 N. Washington Ave Apopka, FL 32703</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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"/> Change <input type="checkbox"/> Addition

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: <b>Karen G. Dorman</b>	<b>1-04-07 407 884 2212</b>
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE	Date Daytime Phone #

ATTACHMENT

20000498  
#L06000055687

Please note the  
Address -  
238 not 230  
Please make  
correction