

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000068868

Entity Name: T.M.T. COMPANY LLC

FILED
Jul 23, 2008
Secretary of State

Current Principal Place of Business:

9 BAY DRIVE
FORT WALTON BEACH, FL 32548

New Principal Place of Business:

Current Mailing Address:

9 BAY DRIVE
FORT WALTON BEACH, FL 32548

New Mailing Address:

FEI Number: 20-5189873 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

NIELSEN, TIMOTHY J
9 BAY DRIVE
FORT WALTON BEACH, FL 32548 US

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: NIELSEN, TIMOTHY J
Address: 9 BAY DRIVE
City-St-Zip: FORT WALTON BEACH, FL 32548

Title: MGRM () Delete
Name: HAWKINS, MICKEY S
Address: P O BOX 1938
City-St-Zip: FORT WALTON BEACH, FL 32549

Title: MGRM () Delete
Name: PARKER, THOMAS O JR
Address: P O BOX 74
City-St-Zip: START, LA 71279

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: TIMOTHY J NIELSEN

MGRM

07/23/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date