

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR) - DUE BY MAY 1, 2008

FILED
Apr 07, 2008 08:00 AM
Secretary of State

DOCUMENT # L06000085095

1. Entity Name

TOMODACHI HOLDINGS, LLC



Principal Place of Business

16614 SW 79TH AVE
ARCHER FL 32618

Mailing Address

P.O. BOX 147
ARCHER FL 32618



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E083 (10/07)

4. FEI Number

64-0949816

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HOELZER, JEFFREY
16614 SW 79TH AVE
ARCHER FL 32618

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's signature required when re-registering)

DATE

FILE NOW!!! FEE IS \$138.75
After May 1, 2008, Fee Will Be \$538.75
Make Check Payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGR ☐ Delete
NAME HOELZER, JEFFREY C
STREET ADDRESS P.O. BOX 147
CITY- ST- ZIP ARCHER FL 32618

TITLE ☐ Change ☐ Addition
NAME 000000883876
STREET ADDRESS 04/17/08-80021-011 138.75
CITY- ST- ZIP

TITLE MGRM ☐ Delete
NAME HOELZER, LYNN G
STREET ADDRESS P.O. BOX 147
CITY- ST- ZIP ARCHER FL 32618

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE MGRM ☐ Delete
NAME HOELZER, CRAIG C
STREET ADDRESS P.O. BOX 147
CITY- ST- ZIP ARCHER FL 32618

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE MGRM ☐ Delete
NAME HOELZER, MICHAEL J
STREET ADDRESS P.O. BOX 147
CITY- ST- ZIP ARCHER FL 32618

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 808, Florida Statutes

SIGNATURE: *Jeffrey C Hoelzer* / **Jeffrey C. Hoelzer**

4-3-08

(352) 4950802

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

Date

Florida Form 6