

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000086837

FILED  
Aug 04, 2008  
Secretary of State

Entity Name: TOMKAT LLC

**Current Principal Place of Business:**

2297 JEREMY PLACE  
COCOA, FL 32926

**New Principal Place of Business:**

**Current Mailing Address:**

616 S. PARK AVENUE  
TITUSVILLE, FL 32796

**New Mailing Address:**

P.O. BOX 237116  
COCOA, FL 32923

FEI Number: 20-8242206

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

KATHLEEN, RODAMER M  
616 S. PARK AVENUE  
TITUSVILLE, FL 32796 US

**Name and Address of New Registered Agent:**

KATHLEEN, RODAMER M  
1049 ROCKLEDGE DRIVE  
306 & 307  
ROCKLEDGE, FL 32955 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: KATHLEEN RODAMER

08/04/2008

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: RYDER, THOMAS  
Address: 2297 JEREMY PLACE  
City-St-Zip: COCOA, FL 32926

Title: MGR ( ) Delete  
Name: RODAMER, KATHLEEN M  
Address: 616 S. PARK AVENUE  
City-St-Zip: MERRITT ISLAND, FL 32796 US

**ADDITIONS/CHANGES:**

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

Title: MGR (X) Change ( ) Addition  
Name: RODAMER, KATHLEEN M  
Address: 1049 ROCKLEDGE DRIVE #306 & 307  
City-St-Zip: ROCKLEDGE, FL 32955 US

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: KATHLEEN RODAMER

MGR

08/04/2008

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