

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L06000088406

**FILED**  
**Apr 20, 2011**  
**Secretary of State**

**Entity Name:** TSUNAMI MANAGEMENT, LLC

**Current Principal Place of Business:**

2112 S. US HIGHWAY 1  
201  
FORT PIERCE, FL 34950

**New Principal Place of Business:**

**Current Mailing Address:**

2112 S. US HIGHWAY 1  
201  
FORT PIERCE, FL 34950

**New Mailing Address:**

**FEI Number:** 20-5508917

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

FOGAL, CHRISTOPHER E  
2112 S US HIGHWAY 1  
201  
FORT PIERCE, FL 34950 US

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

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  
**Name:** FOGAL, CHRISTOPHER E  
**Address:** 2112 S US HIGHWAY 1, STE 201  
**City-St-Zip:** FORT PIERCE, FL 34950 US

**Title:** MGRM  
**Name:** MATAKAETIS, MICHAEL  
**Address:** 4900 NE SPINNAKER POINT PLACE  
**City-St-Zip:** STUART, FL 34996 US

I hereby 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: CHRISTOPHER E FOGAL

MGRM

04/20/2011

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