

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L06000089002

1. Entity Name
TD TOOL SUPPLY, LLC



FILED
Jul 16, 2008 08:00 AM
Secretary of State

Principal Place of Business
2620 OLD NEW YORK AVENUE
DELAND, FL 32720

Mailing Address
2620 OLD NEW YORK AVENUE
DELAND, FL 32720



07032008 No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-5604964

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

WHIPPLE, THOMAS A
2620 OLD NEW YORK AVENUE
DELAND, FL 32720

**DO NOT WRITE
IN THIS SPACE**

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

FILE NOW!!! FEE IS \$138.75
Due by September 12, 2008

In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

000000955334
07/16/08-80011-023 138.75

9. MANAGING MEMBERS/MANAGERS

TITLE	P
NAME	WHIPPLE, THOMAS A
STREET ADDRESS	2620 OLD NEW YORK AVE
CITY- ST- ZIP	DELAND, FL 32720
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

**DO NOT WRITE
IN THIS SPACE**

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 *Thomas A Whipple* **THOMAS A WHIPPLE**

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

7/7/2008
Date

386-740-4149
Daytime Phone #