

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L06000102671 1. Entity Name TOMAS MENDOZA, LLC	
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FILED

2008 OCT -3 P 1: 53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business 584 HUCKABA RD. DEFUNIAK SPRINGS, FL 32435 US	Mailing Address 584 HUCKABA RD. DEFUNIAK SPRINGS, FL 32435 US
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09252008 Chg-LLC CR2E083 (12/06)

2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State Zip Country	City & State Zip Country
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4. FEI Number 20-5748320	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent MENDEZ, TOMAS M 584 HUCKABA RD. DEFUNIAK SPRINGS, FL 32435	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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.	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE	MGR <input type="checkbox"/> Delete	TITLE	MGRM <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MENDEZ, TOMAS M	NAME	Amelia Ramirez Mendoza
STREET ADDRESS	584 HUCKABA RD.	STREET ADDRESS	100 Rockman Lane
CITY-ST-ZIP	DEFUNIAK SPRINGS, FL 32435	CITY-ST-ZIP	Defuniak Spgs, FL 32433
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	100136469881
STREET ADDRESS		STREET ADDRESS	09/30/08--01013--009 **138.75
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	REINSTATEMENT 08 #2
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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: Tomas Mendoza 9/26/08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #