

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jul 11, 2007 8:00 am**  
**Secretary of State**

07-11-2007 90013 029 \*\*\*\*55.00

**DOCUMENT # L06000121927**

1. Entity Name  
**TOMARCO MANAGEMENT LLC**



Principal Place of Business  
**2799 NW BOCA RATON BLVD. SUITE 203  
C/O STEVEN A. SCIARRETTA, ESQ.  
BOCA RATON, FL 33431**

Mailing Address  
**2799 NW BOCA RATON BLVD. SUITE 203  
C/O STEVEN A. SCIARRETTA, ESQ.  
BOCA RATON, FL 33431**

**60052313**



2. Principal Place of Business - No P.O. Box #  
**3000 Lost Ball Drive**  
Suite, Apt. #, etc.

3. Mailing Address  
**3000 Lost Ball Drive**  
Suite, Apt. #, etc.

07092007 Chg-LLC CR2E083 (12/06)

City & State  
**Sebring FL**

City & State  
**Sebring FL**

4. FEI Number  
**20-8080299**

Applied For  
Not Applicable

Zip Country  
**33872-4148 USA**

Zip Country  
**33872-4148 USA**

5. Certificate of Status Desired ☒ **\$5.00 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**SCIARRETTA, STEVEN A  
2799 NW BOCA RATON BLVD.  
SUITE 203  
BOCA RATON, FL 33431**

**7. Name and Address of New Registered Agent**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**Filing Fee is \$50.00  
Due by September 14, 2007**

**Make check payable to  
Florida Department of State**

**9. MANAGING MEMBERS/MANAGERS**

TITLE **MGR** ☒ Delete  
NAME **SCIARRETTA, STEVEN A ESQ**  
STREET ADDRESS **2799 NW BOCA RATON BLVD.**  
CITY-ST-ZIP **BOCA RATON, FL 33431**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
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STREET ADDRESS  
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CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**10. ADDITIONS/CHANGES**

TITLE **MGR** ☐ Change ☒ Addition  
NAME **THOMAS M. WOHL**  
STREET ADDRESS **3000 LOST BALL DR.**  
CITY-ST-ZIP **SEBRING FL 33872-4148**

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

TITLE ☐ Change ☐ Addition  
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NAME  
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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:** *Thomas M. Wohl*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date **JULY 9<sup>TH</sup> 2007** Daytime Phone #