

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000004748

**FILED**  
**Apr 24, 2010**  
**Secretary of State**

**Entity Name:** THOMPSON & LEIBFRIED, LLC

**Current Principal Place of Business:**

105 SOUTH LINCOLN AVENUE  
TAMPA, FL 33609

**New Principal Place of Business:**

4407 CHARLESTON CT  
TAMPA, FL 33609

**Current Mailing Address:**

105 SOUTH LINCOLN AVENUE  
TAMPA, FL 33609

**New Mailing Address:**

4407 CHARLESTON CT  
TAMPA, FL 33609

**FEI Number:** 20-8237126

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

ELIZABETH CHATMAN THOMPSON  
1906 S. DALE MABRY HWY  
TAMPA, FL 33629 US

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

THOMPSON, ELIZABETH C  
1906 S. DALE MABRY HWY  
TAMPA, FL 33629 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: ELIZABETH C THOMPSON

04/24/2010

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: THOMPSON, EDWARD C  
Address: 4407 CHARLESTON CT.  
City-St-Zip: TAMPA, FL 33609

Title: MGR  
Name: LEIBFRIED, BRIAN  
Address: 2201 N CLEVELAND AVE #303, , IL 606  
City-St-Zip: CHICAGO, IL 60614

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: EDWARD COLIN THOMPSON

MGR

04/24/2010

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