

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000005050

Entity Name: TOMICA, LLC

FILED
Apr 17, 2008
Secretary of State

Current Principal Place of Business:

15084 CLOVERDALE DR
FT MYERS, FL 33919 US

New Principal Place of Business:

Current Mailing Address:

15084 CLOVERDALE DR
FT MYERS, FL 33919 US

New Mailing Address:

FEI Number: 20-8233287

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DEFRANCO, TOM J
15084 CLOVERDALE DR
FT MYERS, FL 33919 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 () Delete
Name: MCGINLEY, MICHAEL E
Address: 155 JEFFERSON ST
City-St-Zip: FT MYERS BEACH, FL 33931 US

Title: MGRM () Delete
Name: CASEY, RICHARD
Address: 2511 SW 18TH AVE
City-St-Zip: CAPE CORAL, FL 33914 US

Title: MGRM () Delete
Name: DEFRANCO, TOM J
Address: 15084 CLOVERDALE DR
City-St-Zip: FT MYERS, FL 33919 US

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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: TOM DEFRANCO

MGRM

04/17/2008

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