

138.75

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED

08 JUL 10 AM 10:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L07000064773

1. Entity Name
THOMPSON SPRINGFIELD, LLCPrincipal Place of Business
815 EAST 6TH AVENUE
ATTN: CARYL G PIERCE
TALLAHASSEE, FL 32303-6403Mailing Address
815 EAST 6TH AVENUE
ATTN: CARYL G PIERCE
TALLAHASSEE, FL 32303-6403

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

07102008 Chg-LLC CR2E083 (12/06)

4. FEI Number

Applied For

☒ Not Applicable5. Certificate of Status Desired ☐ \$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PIERCE, CARYL G
815 EAST 6TH AVENUE
TALLAHASSEE, FL 32303-6403

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

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, 2008In 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

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
PIERCE, CARYL G
815 EAST 6TH AVENUE
TALLAHASSEE, FL 323036403 ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
800133026328
07/16/08-01037--001 **277.50 ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DeleteTITLE
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CITY-ST-ZIP ☐ Change ☐ AdditionTITLE
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CITY-ST-ZIP ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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:

Authorized Representative 07/10/08 850.425-5468

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

Date

Daytime Phone #