

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED

5 May 27, 2008 8:00 am
Secretary of State

05-05-2008 90034 015 ***138.75

DOCUMENT # L07000090248

1. Entity Name
TOM OVERLEY, L.L.C.



Principal Place of Business
202 W. OAK STREET
SUITE # 4
ARCADIA, FL 34266 US

Mailing Address
202 W. OAK STREET
SUITE # 4
ARCADIA, FL 34266 US

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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04302008 Chg-LLC CR2E083 (12/06)

City & State

City & State

4. FEI Number

26-0831657

Applied For
Not Applicable

Zip

Country

Zip

Country

5. 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

OVERLEY, TOM
202 W. OAK STREET
SUITE # 4
ARCADIA, FL 34266

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

I, 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 reappointing)

DATE

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MGRM
OVERLEY, TOM
202 W. OAK STREET, SUITE # 4
ARCADIA, FL 34266 ☐ Delete

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

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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 J. Overley Thomas J. Overley 4-30-08 843.770-4247
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #