

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 18, 2008 8:00 am
Secretary of State

01-18-2008 90015 049 ***138.75

60002217



DOCUMENT # L07000101400 1. Entity Name TOM SOWA, LLC					
Principal Place of Business 670 MUSKMELLON RD INVERNESS, FL 34450 US			Mailing Address 670 MUSKMELLON RD INVERNESS, FL 34450 US		
2. Principal Place of Business - No P.O. Box # SAME		3. Mailing Address SAME			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State 		City & State 			
Zip 		Country 		Zip 	
Country 		01152008 Chg-LLC CR2E083 (12/06)			
4. FEI Number 26 0408182				Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐				\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent MARY ANNE GRAY, P.A. 1647 W. GULF TO LAKE HWY LECANTO, FL 34461				7. Name and Address of New Registered Agent Name SAME 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's signature required when changing) _____ 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 MGR	☐ Delete		TITLE 	☐ Change ☐ Addition	
NAME SOWA, TOM			NAME 		
STREET ADDRESS 670 MUSKMELLON RD			STREET ADDRESS 		
CITY-ST-ZIP INVERNESS, FL 34450			CITY-ST-ZIP 		
TITLE 	☐ Delete		TITLE 	☐ Change ☐ Addition	
NAME 			NAME 		
STREET ADDRESS 			STREET ADDRESS 		
CITY-ST-ZIP 			CITY-ST-ZIP 		
TITLE 	☐ Delete		TITLE 	☐ Change ☐ Addition	
NAME 			NAME 		
STREET ADDRESS 			STREET ADDRESS 		
CITY-ST-ZIP 			CITY-ST-ZIP 		
TITLE 	☐ Delete		TITLE 	☐ Change ☐ Addition	
NAME 			NAME 		
STREET ADDRESS 			STREET ADDRESS 		
CITY-ST-ZIP 			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			1/15/08		352-425-4522
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date		Daytime Phone #