

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000114114

Entity Name: T.O.M. WHOLESale LLC

FILED  
Jan 28, 2009  
Secretary of State

## Current Principal Place of Business:

7360 ULMERTON RD.  
19D  
LARGO, FL 33771

## New Principal Place of Business:

## Current Mailing Address:

7360 ULMERTON RD.  
19D  
LARGO, FL 33771

## New Mailing Address:

FEI Number: 13-4367791

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

BAYYARI, MOHD  
2625 SR 590  
2832  
CLEARWATER, FL FL 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: TOUBEH, IMAD  
Address: 7360 ULMERTON RD APT 19D  
City-St-Zip: LARGO, FL 33771

Title: MGRM ( ) Delete  
Name: MOUSA, OSAMA  
Address: 5080 70TH AVE N  
City-St-Zip: PINELLAS PARK, FL 33781

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES:

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

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

Title: MGRM ( ) Change (X) Addition  
Name: MOHD, BAYYARI  
Address: 2625 STATE ROAD 590 APT 2832  
City-St-Zip: CLEARWATER, FL 33759

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: IMAD TOUBEH

MGRM

01/28/2009

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