

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000122164

Entity Name: TOMMYMARINE LLC

FILED  
Apr 22, 2009  
Secretary of State

**Current Principal Place of Business:**

101 1ST AVE. SW  
LARGO, FL 33770

**New Principal Place of Business:**

**Current Mailing Address:**

10318 66TH AVE. N  
SEMINOLE, FL 33772

**New Mailing Address:**

FEI Number: 56-2662598      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

THOMAS, PASSARETTI J  
10318 66TH AVE. N  
SEMINOLE, FL 33772 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: PASSARETTI, THOMAS J  
Address: 10318 66TH AVE. N  
City-St-Zip: SEMINOLE, FL 33772

**ADDITIONS/CHANGES:**

Title: MGRM ( ) Delete  
Name: THOMAS, SMITH N  
Address: 407 11TH STREET. NW  
City-St-Zip: LARGO, FL 33770

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: THOMAS J PASSARETTI

MGRM

04/22/2009

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