

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000127577

FILED  
Apr 27, 2009  
Secretary of State

Entity Name: TMB SYSTEMS LLC

## Current Principal Place of Business:

5224 WEST STATE ROAD 46 #363  
SANFORD, FL 32771 US

## New Principal Place of Business:

5224 WEST STATE ROAD 46  
#363  
SANFORD, FL 32771 US

## Current Mailing Address:

5224 WEST STATE ROAD 46 #363  
SANFORD, FL 32771 US

## New Mailing Address:

5224 WEST STATE ROAD 46  
#363  
SANFORD, FL 32771 US

FEI Number: 26-2845940

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

BAQUIE, TYRONE  
5224 WEST STATE ROAD 46 #363  
SANFORD, FL 32771 US

## Name and Address of New Registered Agent:

BAQUIE, TYRONE  
5224 WEST STATE ROAD 46  
#363  
SANFORD, FL 32771 US

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:

04/27/2009

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete  
Name: BAQUIE, TYRONE  
Address: 139 BRISTOL FOREST TRAIL  
City-St-Zip: SANFORD, FL 32771 US

Title: MGRM ( ) Delete  
Name: BAQUIE, JENNIFER  
Address: 139 BRISTOL FOREST TRAIL  
City-St-Zip: SANFORD, FL 32771 US

## ADDITIONS/CHANGES:

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: TYRONE BAQUIE

MGRM

04/27/2009

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