

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000019888

Entity Name: TMT UNLIMITED, LLC

FILED
Apr 29, 2009
Secretary of State

Current Principal Place of Business:

761 SEMINOLA BLVD
CASSELBERRY, FL 32707 US

New Principal Place of Business:

Current Mailing Address:

658 SABAL PALM CIRCLE
ALTAMONTE SPRINGS, FL 32701 US

New Mailing Address:

FEI Number: 26-2125282

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

ALONSO, ARQUIMEDES E JR
761 SEMINOLA BLVD
CASSELBERRY, FL 32707 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: CABAN, JUDI C
Address: 658 SABAL PALM CIRCLE
City-St-Zip: ALTAMONTE SPRINGS, FL 32701 US

Title: MGRM () Delete
Name: ALONSO, ARQUIMEDES E JR
Address: 658 SABAL PALM CIRCLE
City-St-Zip: ALTAMONTE SPRINGS, FL 32701 US

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: THE WALDEMAR M. CABAN FAMILY TRUST
Address: 658 SABAL PALM CIRCLE
City-St-Zip: ALTAMONTE SPRINGS, FL 32701 US

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: ARQUIMEDES ALONSO

MGRM

04/29/2009

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