

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000032286

FILED
Jan 08, 2009
Secretary of State

Entity Name: TOMBROS FAMILY TRUST, LLC

Current Principal Place of Business:

48 LOUIS DRIVE
MONTVILLE, NJ 07045

New Principal Place of Business:

Current Mailing Address:

48 LOUIS DRIVE
MONTVILLE, NJ 07045

New Mailing Address:

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TOMBROS, THEODORE K
1301 MAJESTIC OAK DRIVE
APOPKA, FL 32712 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: TOMBROS, THEODORE K
Address: 1301 MAJESTIC OAK DRIVE
City-St-Zip: APOPKA, FL 32712

Title: MGRM () Delete
Name: TOMBROS, EPOMONONDOS
Address: 1301 MAJESTIC OAK DRIVE
City-St-Zip: APOPKA, FL 32712

Title: MGRM () Delete
Name: TOMBROS, FRED C
Address: 137 DUNCAN TRAIL
City-St-Zip: LONGWOOD, FL 32779

Title: MGRM () Delete
Name: TOMBROS, JAMES R
Address: 48 LOUIS DRIVE
City-St-Zip: MONTVILLE, NJ 07045

Title: MGRM () Delete
Name: THE ESTATE OF NICHOL, AS TOMBROS
Address: 48 LOUIS DRIVE
City-St-Zip: MONTVILLE, NJ 07045

ADDITIONS/CHANGES:

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

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

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

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: JAMES R TOMBROS

MGRM

01/08/2009

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