

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000035586

FILED
Jan 09, 2009
Secretary of State

Entity Name: TFM HOLDINGS, LLC

Current Principal Place of Business:

413 OAK PLACE BUILDING
4-S
PORT ORANGE, FL 32127

New Principal Place of Business:

Current Mailing Address:

413 OAK PLACE
BUILDING 4-S
PORT ORANGE, FL 32127

New Mailing Address:

FEI Number: 26-2986159 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TAYLOR, GREGORY G
413 OAK PLACE
BUILDING 4-S
PORT ORANGE, FL 32127 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: MGTM () Delete
Name: GGT ENTERPRISES, LLC,
Address: 610 MOONPENNY CIRCLE
City-St-Zip: PORT ORANGE, FL 32127

Title: MGRM () Delete
Name: FISH FAMILY ENTERPRI, SES, LLC
Address: 1969 TOWN PARK DRIVE
City-St-Zip: PORT ORANGE, FL 32129

Title: MRGM () Delete
Name: MALISOFF ENTERPRISES, , LLC
Address: 3600 SARASOTA GOLF CLUB BOULEVARD
City-St-Zip: SARASOTA, FL 34240

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:

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: GREGORY G TAYLOR MGTM 01/09/2009

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