

**2009 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED  
Jun 29, 2009  
Secretary of State**

DOCUMENT# L08000056378

Entity Name: TOM THE TOOLMAN LLC

**Current Principal Place of Business:**

13450 BRANDI DAWN DR.  
LAKELAND, FL 33809

**New Principal Place of Business:**

**Current Mailing Address:**

13450 BRANDI DAWN DR.  
LAKELAND, FL 33809

**New Mailing Address:**

FEI Number: 26-3727959      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

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

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

PORTER, THOMAS  
13450 BRANDI DAWN DR.  
LAKELAND, FL 33809      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: \_\_\_\_\_

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

**ADDITIONS/CHANGES:**

Title: MGR      ( ) Delete  
Name: PORTER, THOMAS  
Address: 13450 BRANDI DAWN DR.  
City-St-Zip: LAKELAND, FL 33809

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

Title: MGRM      ( ) Delete  
Name: MCGIBBENY, GORDON  
Address: PO BOX 679  
City-St-Zip: KATHLEEN, FL 338490679

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 PORTER

AGT

06/29/2009

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