## 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

## DOCUMENT# L08000075918

Address:

City-St-Zip:

379 HEFFERON DR

ST. AUGUSTINE, FL 32084

Entity Name: TOMM ENTERPRISES, LLC

FILED Apr 30, 2009 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 637 E RED HOUSE BRANCH RD ST. AUGUSTINE, FL 32084 **Current Mailing Address: New Mailing Address:** 637 E RED HOUSE BRANCH RD ST. AUGUSTINE, FL 32084 FEI Number: 61-1574336 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: NIEDERRITER, MEREDITH 637 E RED HOUSE BRANCH RD ST. AUGUSTINE, FL 32084 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: MGRM Title: () Change () Addition () Delete MARKIEWICZ, DENNIS Name: Name: Address: 1017 ISLAND WAY Address: City-St-Zip: ST. AUGUSTINE, FL 32080 City-St-Zip: Title: MGRM () Delete Title: () Change () Addition Name: NIEDERRITER, MEREDITH Name: Address: 637 E RED HOUSE BRANCH RD Address: City-St-Zip: ST. AUGUSTINE, FL 32084 City-St-Zip: Title: MGRM () Delete Title: () Change () Addition BOTTA, JOHN Name: Name:

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.

Address:

City-St-Zip:

SIGNATURE: MEREDITH NIEDERRITER MGRM 04/30/2009