

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000044408

Entity Name: TMV MANAGEMENT LLC

**FILED**  
**Apr 14, 2010**  
**Secretary of State**

**Current Principal Place of Business:**

% STEVEN A. SCIARRETTA, ESQ  
2799 NW BOCA RATON BLVD - STE 203  
BOCA RATON, FL 33431

**New Principal Place of Business:**

STEVEN A. SCIARRETTA, ESQ  
2799 NW BOCA RATON BLVD - STE 203  
BOCA RATON, FL 33431

**Current Mailing Address:**

% STEVEN A. SCIARRETTA, ESQ  
2799 NW BOCA RATON BLVD - STE 203  
BOCA RATON, FL 33431

**New Mailing Address:**

STEVEN A. SCIARRETTA, ESQ  
2799 NW BOCA RATON BLVD - STE 203  
BOCA RATON, FL 33431

FEI Number: 26-4823443

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

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

SCIARRETTA, STEVEN A  
% STEVEN A. SCIARRETTA, PA  
2799 NW BOCA RATON BLVD - STE 203  
BOCA RATON, FL 33431 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: MGR  
Name: SCIARRETTA, STEVEN ESQ  
Address: 2799 NW BOCA RATON BLVD - STE 203  
City-St-Zip: BOCA RATON, FL 33431

I hereby 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: TONI VALENTINO

GP

04/14/2010

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