2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 29, 2011
Secretary of State

DOCUMENT# L10000041811

Entity Name: TIM ARMS, LLC

Current Principal Place of Business:

11286 SADDLE CREST WAY
JACKSONVILLE, FL 32219

New Principal Place of Business:

Current Mailing Address:

P. O. BOX 2804
JACKSONVILLE, FL 32203

New Mailing Address:

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

Name and Address of Current Registered Agent:

STAMPER, WILLIE
11286 SADDLE CREST WAY
JACKSONVILLE, FL 32219 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
Name: STAMPER, WILLIE
Address: 11286 SADDLE CREST WAY
City-St-Zip: JACKSONVILLE, FL 32219

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 Statues.

SIGNATURE: WILLIE STAMPER MGRM 04/29/2011
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date