

# 2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L11000129602

Entity Name: TMFS-JACKSONVILLE, LLC

FILED  
Apr 13, 2012  
Secretary of State

## Current Principal Place of Business:

5836 HERONVIEW CRESCENT DRIVE  
LITHIA, FL 33457

## New Principal Place of Business:

10151 DEERWOOD PARK BLVD.  
BUILDING 200, SUITE 250  
JACKSONVILLE, FL 32256

## Current Mailing Address:

5836 HERONVIEW CRESCENT DRIVE  
LITHIA, FL 33457

## New Mailing Address:

10151 DEERWOOD PARK BLVD.  
BUILDING 200, SUITE 250  
JACKSONVILLE, FL 32256

FEI Number: 45-3808829

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

WILLIAMS, DONALD L JR.  
5836 HERONVIEW CRESCENT DRIVE  
LITHIA, FL 33547 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: WILLIAMS, DONALD L JR.  
Address: 5836 HERONVIEW CRESCENT DRIVE  
City-St-Zip: LITHIA, FL 33547

Title: MGRM  
Name: MEISTER, MATTHEW G  
Address: 1449 KENSINGTON DRIVE  
City-St-Zip: DAYTON, OH 45440

Title: MGRM  
Name: UPHUS, JOSEPH  
Address: 1110 SAUK LANE  
City-St-Zip: SAUK CENTER, MN 56378

Title: MGRM  
Name: MEEKER, DAVID W  
Address: 775 FAIRWAY LANE  
City-St-Zip: WAUSEON, OH 43567

Title: MGRM  
Name: RILEY, PHILLIP J  
Address: 124 PHEASANT LANE  
City-St-Zip: ARCHBOLD, OH 43502

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: DONALD L WILLIAMS JR

MGRM

04/13/2012

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