

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 16, 2007 08:00 AM
Secretary of State

DOCUMENT # M06000006139

1. Entity Name
TERMIMESH, LLC



Principal Place of Business

**9519 IH-35 NORTH
AUSTIN, TX 78753**

Mailing Address

**9519 IH-35 NORTH
AUSTIN, TX 78753**



04112007 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number

74-2986952

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**YADLEY, GREGORY C
101 E KENNEDY BLVD STE 2800
TAMPA, FL 33602**

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00
Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	BURNS, MATT
STREET ADDRESS	9519 IH-35 NORTH
CITY- ST- ZIP	AUSTIN, TX 78753
TITLE	MGR
NAME	JENKINS, ROBERT
STREET ADDRESS	9519 IH-35 NORTH
CITY- ST- ZIP	AUSTIN, TX 78753
TITLE	MGR
NAME	JENKINS, RELEIGH
STREET ADDRESS	9519 IH-35 NORTH
CITY- ST- ZIP	AUSTIN, TX 78753
TITLE	MGR
NAME	TOUTOUNTZIS, VASILLOS
STREET ADDRESS	48 CENTURY ROAD
CITY- ST- ZIP	MALAGA 6090 AUSTRALIA,
TITLE	MGR
NAME	CUMMING, OLIVE ROY D
STREET ADDRESS	48 CENTURY ROAD
CITY- ST- ZIP	MALAGA 6090 AUSTRALIA,
TITLE	MGR
NAME	SALA, TONIO U
STREET ADDRESS	48 CENTURY ROAD
CITY- ST- ZIP	MALAGA 6090 AUSTRALIA,

U000000711876
04/26/07-80023-021 50.00

**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

4/11/2007

Date

512-837-9500

Daytime Phone #