

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000087218

**Entity Name:** TOMARIA, LLC

**Current Principal Place of Business:**

1550 THUMB POINT DRIVE  
FORT PIERCE, FL 34949

**Current Mailing Address:**

1550 THUMB POINT DRIVE  
FORT PIERCE, FL 34949

**FEI Number:** 26-3357202

**Certificate of Status Desired:** No

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

FUNKA, MARIA  
1550 THUMB POINT DRIVE  
FORT PIERCE, FL 34949 US

*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

**Authorized Person(s) Detail :**

Title MGR  
Name FUNKA, MARIA  
Address 1550 THUMB POINT DRIVE  
City-State-Zip: FORT PIERCE FL 34949

Title MGR  
Name FUNKA, THOMAS MJR  
Address 1401 W. 56TH SQUARE  
City-State-Zip: VERO BEACH FL 32966

*I hereby certify that the information indicated on this report or supplemental 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** MARIA FUNKA

**MANAGER**

**01/15/2015**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date