

**2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L12000079093

**Entity Name:** TOMOKA FINANCIAL LLC

**Current Principal Place of Business:**

549 SUN RIDGE PLACE  
#103  
ALTAMONTE SPRINGS, FL 32714

**Current Mailing Address:**

P O BOX 915962  
LONGWOOD, FL 32791 US

**FEI Number:** 59-3221157

**Certificate of Status Desired:** No

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

TOKLES, SUSAN D  
549 SUN RIDGE PLACE  
#103  
ALTAMONTE SPRINGS, FL 32714 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:** SUSAN D TOKLES

04/28/2017

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGRM  
Name TOKLES, SUSAN D  
Address 549 SUN RIDGE PLACE  
City-State-Zip: ALTAMONTE SPRINGS FL 32714

Title AUTHORIZED MEMBER  
Name TOKLES, MICHAEL  
Address 543 SUN RIDGE PLACE  
#101  
City-State-Zip: ALTAMONTE SPRINGS FL 32714

Title AUTHORIZED MEMBER  
Name SPAHR, WALTER HENRY  
Address 543 SUN RIDGE PLACE  
#107  
City-State-Zip: ALTAMONTE SPRINGS FL 32714

*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:** SUSAN TOKLES

MANAGER

04/28/2017

Electronic Signature of Signing Authorized Person(s) Detail

Date