

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000027467

FILED
Apr 08, 2009
Secretary of State

Entity Name: TALLAHASSEE ROLLERGIRLS, L.L.C.

Current Principal Place of Business:

2318 HAMPSHIRE WAY
TALLAHASSEE, FL 32309

New Principal Place of Business:

Current Mailing Address:

2318 HAMPSHIRE WAY
TALLAHASSEE, FL 32309

New Mailing Address:

FEI Number: 20-4717371

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RUGGLES, KELLY
2318 HAMPSHIRE WAY
TALLAHASSEE, FL 32309 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: MGR () Delete
Name: RUGGLES, KELLY
Address: 2318 HAMPSHIRE WAY
City-St-Zip: TALLAHASSEE, FL 32309

Title: MGR () Delete
Name: FORD, MELISSA
Address: 4100 HJK HOWARD RD
City-St-Zip: TALLAHASSEE, FL 32305

Title: MGR () Delete
Name: NAZARIO, LIOVANI
Address: 1206 ALACHUA AVE
City-St-Zip: TALLAHASSEE, FL 32308

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGR (X) Change () Addition
Name: MAHONEY, ZOE
Address: 8500 FOREST WOOD DR
City-St-Zip: TALLAHASSEE, FL 32305

Title: MGR (X) Change () Addition
Name: CLINE, ERIN
Address: 1117 ALBRITTON DR
City-St-Zip: TALLAHASSEE, FL 32307

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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: KELLY RUGGLES

MGR

04/08/2009

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