## 2007 LIMITED LIABILITY COMPANY

## FILED Feb 23, 2007 8:00 am **ANNUAL REPORT** Secretary of State **DOCUMENT # M05000001957** 02-23-2007 90206 016 \*\*\*\*50.00 TAPSCAN, LLC Principal Place of Business Mailing Address 3000 GALLERIA TOWERS-8TH FLOOR 3000 GALLERIA TOWERS-8TH FLOOR 20004433 BIRMINGHAM, AL 35244 BIRMINGHAM, AL 35244 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 02142007 Chg-LLC CR2E083 (12/06) City & State City & State 4. FEI Number Applied For 63-0840569 Not Applicable Zip Country Zip Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD Street Address (P.O. Box Number is Not Acceptable) PLANTATION, FL 33324 City Zip Code 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE Make check payable to Filing Fee is \$50.00 Due by May 1, 2007 Florida Department of State 9. MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 10. TITLE MGR TITLE Member Delete HUNTER, MICHAEL International NAME NAME LMC. 3000 GALLERIA TOWERS-8TH FLOOR STREET ADDRESS STREET ADDRESS CITY-ST-ZIP BIRMINGHAM, AL 35244 CITY-ST-ZIP MGR Delete TITLE TITLE SAWAYA, GEORGE A NAME 3000 GALLERIA TOWERS-8TH FLOOR STREET ADDRESS STREET ADDRESS CITY-ST-ZIP BIRMINGHAM, AL 35244 CITY-ST-ZIP MGR Delete TITLE ☐ Change ■ Addition KNIGHT, SIDNEY NAME -3000 GALLERIA-TOWERS-8TH FLOOR STREET ADDRESS STREET ADDRESS BIRMINGHAM, AL 35244 CITY-ST-ZIP CITY-ST-ZIP TITLE MGR TITLE Change ☐ Addition BATES, BARRY STREET ADDRESS 3000 GALLERIA TOWERS-8TH FLOOR STREET ADDRESS CITY-ST-ZIP BIRMINGHAM, AL 35244 CITY-ST-ZIP TITLE ☐ Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition

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.

STREET ADDRESS

**SIGNATURE:** 

NAME STREET ADDRESS

CITY-ST-ZIP

INTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE