

2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L14000157907

Entity Name: TALLAHASSEE FAMILY MAGAZINE LLC**Current Principal Place of Business:**508 CAPITAL CIRCLE S.E.
SUITE D3
TALLAHASSEE, FL 32301**Current Mailing Address:**508 CAPITAL CIRCLE S.E.
SUITE D3
TALLAHASSEE, FL 32301 US**FEI Number:** 47-2037252**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**ALCOM MARKETING & ADVERTISING, INC.
508 CAPITAL CIRCLE S.E.
SUITE D3
TALLAHASSEE, FL 32301 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:** BRIEN R. SORNE

04/30/2018

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title AMBR
Name SORNE, BRIEN RICHARD
Address 508 CAPITAL CIRCLE S.E.
SUITE D3
City-State-Zip: TALLAHASSEE FL 32301

Title MEMBER
Name BARFIELD, DAVID
Address 508 CAPITAL CIRCLE S.E.
SUITE D3
City-State-Zip: TALLAHASSEE FL 32301

Title MEMBER
Name DADY, MIRIAM
Address 508 CAPITAL CIRCLE S.E.
SUITE D3
City-State-Zip: TALLAHASSEE FL 32301

Title MEMBER
Name SORNE, SARAH
Address 508 CAPITAL CIRCLE S.E.
SUITE D3
City-State-Zip: TALLAHASSEE FL 32301

Title MEMBER
Name SICPOSSUM LLC
Address 508 CAPITAL CIRCLE S.E.
SUITE D3
City-State-Zip: TALLAHASSEE FL 32301

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: BRIEN SORNE

AMBR

04/30/2018

Electronic Signature of Signing Authorized Person(s) Detail

Date