


**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Jan 11, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L00000014400</b> 1. Entity Name TANGALAKIS FAMILY MANAGAMENT, LLC	
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Principal Place of Business 2862 SHADY OAK COURT CLEARWATER, FL 33761	Mailing Address 2862 SHADY OAK COURT CLEARWATER, FL 33761
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**DO NOT WRITE IN THIS SPACE**



01052007No Chg-LLC

CR2E083 (11/05)

4. FEI Number 59-3691848	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent  TANGALAKIS, NANCY K 2862 SHADY OAK CT CLEARWATER, FL 33761
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**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable

**Filing Fee is \$50.00  
Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM TANGALAKIS, NANCY K 2862 SHADY OAK COURT CLEARWATER, FL 33761
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01/11/07-80032-022 50.00

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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.

SIGNATURE: *Nancy K Tangalakis*  
*Nancy K Tangalakis*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

1-07-07

Date

727-796-4539

Daytime Phone #