2003 LIMITED LIABILITY COMPANY **UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # L0200006774

1. Entity Name

TACTICS PARTNERS, LLC



FILED Apr 28, 2003 8:00 am Secretary of State

04-28-2003 90100 012 ****55.00

	7,117142110; 220								
Principal Plac 7750 ROBINWO PORT ST. JOE	OOD DRIVE	Mailing Address 7750 ROBINWOOD DRIVE PORT ST. JOE FL 32456	7750 ROBINWOOD DRIVE		-				
2 Principal P	Plane of Business	3. Mailing Address							
2. Principal Place of Business		3. Maining Address				1807 BT BEALD INSTA 88141 B	DRII OOGA OBIAE OO		BOULOUR! IDEI
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.			CHECK HER	RE IF MAKING	CHANGES	;
City & State		City & State	City & State		4. FEI Num	05566°	73	 	pplied For lot Applicable
Zip Country		Zip	Zip Country		5. Certifica	ite of Status Desired		\$5.00 Ad Fee Require	
	6. Name and Address of Curren	t Registered Agent			7. Name a	nd Address of New	Registered A	gent	
BLA'	YLOCK, DEWEY A			Name					
) robinwood drive RT ST. Joe FL 32456	•		Street Address (P.O. Box Num	ber is Not Acceptal	ole)		
			.	City				Zip Coo	
							FL		<u> </u>
the above the obligati	named entity submits this statement fi ions of registered agent.	or the purpose of changing its	s registered	d office or register	red agent, or t	ooth, in the State of I	Florida. I am f	amiliar with,	, and accept
SIGNATURE .	Dewey A Blassian Signature, typed or printed hame of registered agen	t and title if applicable. (NOT	E: Registered	Agent signature required	when reinstating)	- 4/	23 O DATE	3	
		FILE NO		EE IS \$50.00	<u></u>				
		Make Check Payab Du		rida Departme y 1, 2003	nt of State				
9.	MANAGING MEMB	ERS/MANAGERS	10.			ADDITION	S/CHANGES		
TITLE	MGR Blaylock, Dewey A	☐ Delete	TITLE					Change	☐ Addition
NAME STREET ADDRESS	7750 ROBINWOOD DRIVE		NAME STREET	T ADDRESS					
CITY-ST-ZIP	PORT ST. JOE FL 32456		CITY-S	·					
TITLE	MGR	Delete	TITLE		,			☐ Change	☐ Addition
NAME	COGDILL, DAVID		NAME						
STREET ADDRESS CITY-ST-ZIP	1413 E. LIVINGSTON ST. ORLANDO FL 32803		STREET CITY-S	T ADDRESS ST-7IP					
TITLE	MGR	Delete	TITLE		F : 4 - 5'	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		Change	☐ Addition
NAME	ELLER, STEPHEN	/*	NAME						
STREET ADDRESS	337 BARRINGTON FARMS PAR	IKWAY		T ADDRESS					
CITY-ST-ZIP	SHARPSBURG GA 30277		CITY-S	ST-ZIP					
TITLE		☐ Delete	TITLE NAME	Ì				☐ Change	☐ Addition
NAME STREET ADDRESS				T ADDRESS					
CITY-ST-ZIP			CITY-S	ſ					
TITLE		☐ Delete	TITLE	_	<u> </u>			Change	☐ Addition
NAME			NAME	1					
STREET ADDRESS CITY-ST-ZIP			STREET CITY-S	T ADDRESS					
	<u></u>			D1-61F			 -	☐ Change	Addition
TITLE NAME	•	☐ Delete	TITLE					Tt cuands	T WOOTHOU
STREET ADDRESS				T ADDRESS					
CITY-ST-ZIP			CITY-S	ST-ZIP					
indicated	ertify that the information supplied wit on this report is true and accurate and	d that my signature shall have	the same i	legal effect as if m	nade under oa	ith; that I am a man	s. I further cert aging member	ify that the i	information er of the
limited liab	bility company or the receiver or truste	e empowered to execute this	report as i	required by Chapt	ter 608, Florida	a Statutes.		مسرح	