
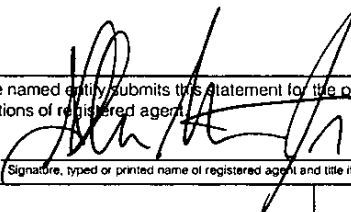
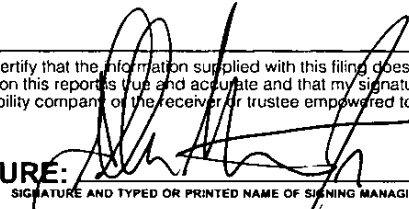


50.00

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L02000023066			
1. Entity Name <b>TALLAHASSEE TACTICAL LLC</b>			
Principal Place of Business <b>1916 EAST WINDWOOD WAY TALLAHASSEE, FL 32311</b>		Mailing Address <b>1916 EAST WINDWOOD WAY TALLAHASSEE, FL 32311</b>	
2. Principal Place of Business - No P.O. Box # <b>6548 Weeping Willow Way</b>		3. Mailing Address <b>6548 Weeping Willow Way</b>	
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 	
City & State <b>Tallahassee FL</b>		City & State <b>Tallahassee FL</b>	
Zip <b>32311</b>		Zip <b>32311</b>	
Country <b>USA</b>		Country <b>USA</b>	
4. FEI Number <b>NOT APPLICABLE</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>MORTHAM, ALLEN JR. 1916 EAST WINDWOOD WAY TALLAHASSEE, FL 32311</b>		7. Name and Address of New Registered Agent Name <b>Allen Mortham Jr</b> Street Address (P.O. Box Number is Not Acceptable) <b>6548 Weeping Willow Way</b> City <b>Tallahassee</b> FL Zip Code <b>32311</b>	
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 		DATE <b>3/13/07</b>	
Filing Fee is \$50.00 Due by May 1, 2007		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR MORTHAM, ALLEN JR. 1916 EAST WINDWOOD WAY TALLAHASSEE, FL 32311	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>400092637384</b> <b>03/14/07--01041--001 **150.00</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR MORTHAM, ALLEN SR. 6675 WEEPING WILLOW WAY TALLAHASSEE, FL 32311	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> 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.			
SIGNATURE: 		DATE <b>3/13/07</b>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Daytime Phone #	

FILED

07 MAR 13 PM 2:07

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

03132007 Chg-LLC CR2E083 (12/06)