

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 03, 2004 8:00 am**  
**Secretary of State**

05-03-2004 90137 004 \*\*\*\*50.00

**DOCUMENT # L03000011446**

1. Entity Name  
**TALLY HO, L.L.C.**



Principal Place of Business  
12465 2ND STREET E  
CONDOMINIUM B105  
TREASURE ISLAND, FL 33706 US

Mailing Address  
12465 2ND STREET E  
CONDOMINIUM B105  
TREASURE ISLAND, FL 33706 US

**24063847**



2. Principal Place of Business  
**7402 N. 56th ST**  
Suite, Apt. #, etc.  
**# 902**  
City & State  
**TAMPA FL**  
Zip  
**33617** Country  
**US**

3. Mailing Address  
**7402 N. 56th ST.**  
Suite, Apt. #, etc.  
**SUITE 902**  
City & State  
**TAMPA FL**  
Zip  
**33617** Country  
**US**

04292004 Chg-LLC CR2E083 (10/03)

4. FEI Number  
**01-0776581**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$5.00** Additional Fee Required

**6. Name and Address of Current Registered Agent**

**NELSON, G. MICHAEL**  
**718 W. MLK BOULEVARD**  
**SUITE 200**  
**TAMPA, FL 33603**

**7. Name and Address of New Registered Agent**

Name  
Street Address (P.O. Box Number is Not Acceptable)  
City **FL** 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 \_\_\_\_\_ (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, 2004**

**Make check payable to**  
**Florida Department of State**

**9. MANAGING MEMBERS/MANAGERS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SOHL, SCOTT 12465 2ND STREET E., CONDOMINIUM B105 TREASURE ISLAND, FL 33706	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SOHL, RICHELLE 12465 2ND STREET E., CONDOMINIUM B105 TREASURE ISLAND, FL 33706	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

**10. ADDITIONS/CHANGES**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>7815 BULLARA DR</b> <b>TEMPLE TERRACE FL 33637</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>7815 BULLARA DR</b> <b>TEMPLE TERRACE FL 33637</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:** *Scott R. Sohl*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #