

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 01, 2008 8:00 am
Secretary of State

05-01-2008 90023 045 ***138.75

DOCUMENT # L03000037328

1. Entity Name
TALLAHASSEE GINSBERG, LLC



Principal Place of Business
300 EAST PARK AVENUE
C/O BATEMAN HARDEN, PA
TALLAHASSEE, FL 32301

Mailing Address
300 EAST PARK AVENUE
C/O BATEMAN HARDEN, PA
TALLAHASSEE, FL 32301

60036930



2. Principal Place of Business - No P.O. Box #

201 S. Monroe St.

3. Mailing Address

201 S. Monroe St

Suite, Apt. #, etc.

Suite 501

Suite, Apt. #, etc.

Suite 50

City & State

Tallahassee FL

City & State

Tallahassee FL

Zip

32301

Country

USA

Zip

32301

Country

USA

03262008

Chg-LLC

CR2E083 (12/06)

4. FEI Number

65-1202683

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

BATEMAN HARDEN, PA
300 EAST PARK AVENUE
TALLAHASSEE, FL 32301

7. Name and Address of New Registered Agent

Name Bateman Harden, PA

Street Address (P.O. Box Number is Not Acceptable)

201 South Monroe Street, Suite 500

City

Tallahassee

FL

Zip Code

32301

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/30/08

DATE

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE MGRM ☐ Delete
NAME BATEMAN, FREDERICK L JR
STREET ADDRESS 300 EAST PARK AVENUE
CITY-ST-ZIP TALLAHASSEE, FL 32301

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

4/30/08

850 222 6200

Date

Daytime Phone #