


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 26, 2007 08:00 AM
Secretary of State

DOCUMENT # L04000008157 1. Entity Name TACTICAL STREET WARRIOR LLC	
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Principal Place of Business 2986 NOLAND ST. MARIANNA, FL 32446	Mailing Address 2986 NOLAND ST. MARIANNA, FL 32446
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02212007No Chg-LLC CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 56-2430151	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent HOLLIS, QUINTON S 2986 NOLAND ST. MARIANNA, FL 32446

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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 _____

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

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR HOLLIS, QUINTON S 2986 NOLAND ST. MARIANNA, FL 32446
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HOLLIS, BRANDY J 2986 NOLAND ST. MARIANNA, FL 32446
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HILLMAN, ROBERT JR. 1922 FAIRVIEW AVE. DOTHAN, AL 36301
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HOLLIS, JACK E 4476 BROAD STREET MARIANNA, FL 32446
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U000000650235 03/08/07-80001-015 50.00 DO NOT WRITE IN THIS SPACE
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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: *Quinton S. Hollis* **Quinton S. Hollis** **2-22-07** **850-573-6387**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #