2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

2/2

FILED
Mar 21, 2005 8:00 am
Secretary of State
02-23-2005 90158 036 ****50.00

DOCUMENT # L04000036551

1. Entity Name
TALLYS ENTERPRISES LLC

Principal Place of Business
16 Via Roma
~~155 FLORIDA PARK DRIVE~~
PALM COAST FL 32137

Mailing Address
16 Via Roma
~~155 FLORIDA PARK DRIVE~~
PALM COAST FL 32137

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1st MOORE CR2E083 (10/04)

2. Principal Place of Business	3. Mailing Address
16 Via Roma	16 Via Roma
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Palm Coast, FL	City & State: Palm Coast FL
Zip: 32137 Country: USA	Zip: 32137 Country: USA

4. FEI Number: 20-1117650 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

TALLAKSEN, THOMAS
~~155 FLORIDA PARK DRIVE~~
PALM COAST FL 32137

7. Name and Address of New Registered Agent

Name: Thomas Tallaksen
Street Address (P.O. Box Number is Not Acceptable): ~~155 FL~~, 16 Via Roma
City: Palm Coast FL Zip Code: 32137

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
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $50.00
Make Check Payable to Florida Department of State
Due By May 1, 2005

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE	MGR	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	TALLAKSEN, HERBERT C		NAME		
STREET ADDRESS	155 FLORIDA PARK DRIVE		STREET ADDRESS		
CITY-ST-ZIP	PALM COAST FL 32137		CITY-ST-ZIP		
TITLE	MGR	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	TALLAKSEN, THOMAS		NAME		
STREET ADDRESS	155 FLORIDA PARK DRIVE		STREET ADDRESS		
CITY-ST-ZIP	PALM COAST FL 32137		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
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TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

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: Thomas Tallaksen 2/17/05 386 931-3435
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #