

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 19, 2007 08:00 AM
Secretary of State

DOCUMENT # L04000071431

1. Entity Name
TALLACOE FARMS, LLC



Principal Place of Business
**420 SOUTH NOVA ROAD
DAYTONA BEACH, FL 32114**

Mailing Address
**420 SOUTH NOVA ROAD
DAYTONA BEACH, FL 32114**

DO NOT WRITE IN THIS SPACE



01052007No Chg-LLC

CR2E083 (11/05)

4. FEI Number
20-1699567

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**STORCH, GLENN D ESQ.
C/O GLENN D. STORCH, P.A.
420 SOUTH NOVA ROAD
DAYTONA BEACH, FL 32114**

**DO NOT WRITE
IN THIS SPACE**

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)

DATE

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

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
STORCH, GLENN D
420 SOUTH NOVA ROAD
DAYTONA BEACH, FL 32114**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
HART, ROBERT L
252 SO. SR 415
NEW SMYRNA BEACH, FL 32168**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
DORAN, THEODORE R
444 SEABREEZE BLVD., SUITE 800
DAYTONA BEACH, FL 32115**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
STORCH, T J
7501 ZEBRAFINCH AVENUE
BROOKSVILLE, FL 34614**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U00000641519
03/01/07-80002-020 50.00

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IN THIS SPACE**

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, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #