

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 07, 2006 8:00 am
Secretary of State

04-07-2006 90213 030 ****50.00

DOCUMENT # L04000079684

1. Entity Name
THE INVESTMENT GROUP OF TALLAHASSEE LLC



Principal Place of Business
**2139 ORLEANS DRIVE
TALLAHASSEE, FL 32308**

Mailing Address
**2139 ORLEANS DRIVE
TALLAHASSEE, FL 32308**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04052006

Chg-LLC

CR2E083 (11/05)

4. FEI Number
20-2233027

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**RECUPERO, MIKE
1916 CHOWKEEBIN NENE
TALLAHASSEE, FL 32301**

Name **Mike Recupero**
Street Address (P.O. Box Number is Not Acceptable)
2139 ORLEANS DRIVE
City **Tallahassee** FL Zip Code **32308**

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 renewing)

4-5-06

DATE

**Filing Fee is \$50.00
Due by May 1, 2006**

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

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MGR
RECUPERO, MIKE
1916 CHOWKEEBIN NENE
TALLAHASSEE, FL 32301** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MGR
CONLIN, JOHN L
3519 N. MERIDIAN RD.
TALLAHASSEE, FL 32312** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

TITLE
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STREET ADDRESS
CITY - ST - ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MGR
Recupero, Mike
2139 Orleans Dr.
Tallahassee, FL 32308** ☒ Change ☐ Addition

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

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

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

4-5-06

Date

850-942-0739

Daytime Phone #