

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 03, 2006 8:00 am
Secretary of State

04-03-2006 90070 044 ****50.00

DOCUMENT # L05000000635

1. Entity Name
T.A.C. GAMES, LLC



Principal Place of Business

1381 NW 4TH COURT
BOCA RATON, FL 33432 US

Mailing Address

1381 NW 4TH COURT
BOCA RATON, FL 33432 US

20023831



2. Principal Place of Business

2480 Overlook Drive

Suite, Apt. #, etc.

3. Mailing Address

2480 Overlook Drive

Suite, Apt. #, etc.

03162006 Chg-LLC CR2E083 (11/05)

City & State

Broomfield, CO

City & State

Broomfield, CO

4. FEI Number

20-2087292

Applied For

Not Applicable

Zip

Country

80020

Zip

Country

80020

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

FOLMAR, JAMES R
1381 NW 4TH COURT
BOCA RATON, FL 33432

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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, 2006

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE MGRM ☐ Delete
NAME FOLMAR, MARIE E
STREET ADDRESS 1381 NW 4TH COURT
CITY-ST-ZIP BOCA RATON, FL 33432

TITLE MGRM ☐ Delete
NAME FOLMAR, JAMES R
STREET ADDRESS 1381 NW 4TH COURT
CITY-ST-ZIP BOCA RATON, FL 33432

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 2480 Overlook Drive
CITY-ST-ZIP Broomfield, CO 80020

TITLE ☒ Change ☐ Addition
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STREET ADDRESS 2480 Overlook Drive
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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:

Marie E.H.

3/21/2006

303-469-4956

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

Date

Daytime Phone #