

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

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FILED
Feb 24, 2006 8:00 am
Secretary of State

01-23-2006 90134 048 ****50.00

DOCUMENT # L05000003786

1. Entity Name
TAS LLC



Principal Place of Business
**5517 SW 69TH TERRACE
GAINESVILLE, FL 32608 US**

Mailing Address
**5517 SW 69TH TERRACE
GAINESVILLE, FL 32608 US**

300000



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01172006 Chg-LLC CR2E083 (11/05)

4. FEI Number

20-4336485

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

**COX, ALISON L
5517 SW 69TH TERRACE
GAINESVILLE, FL 32608**

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

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
**MGRM
COX, ALISON L
5517 SW 69TH TERRACE
GAINESVILLE, FL 32608**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
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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:

Alison L Cox

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

1/20/2006 352-372-7736

Date

Daytime Phone #



ATTACHMENT

30200974

FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 30, 2006

TAS LLC
5517 SW 69TH TERRACE
GAINESVILLE, FL 32608 US

Subject: TAS LLC

Reference Number:

L05000003786

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$50.00; however, the report **has not been filed** and a copy is being returned for the following correction(s):

Please complete Block 4 by entering your Federal Employer Identification (FEI) number or by checking the appropriate box. If "APPLIED FOR" is preprinted in Block 4, you MUST now provide the FEI number. A Social Security number is not considered to be the same as the FEI number. For FEI number assistance, call the IRS at (800) 829-1040.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 6478, Tallahassee, Florida 32314 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 245-6051.

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ANNUAL REPORTS SECTION