

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 04, 2008 08:00 AM
Secretary of State

DOCUMENT # L05000009941

1. Entity Name
TAG PARTNERS, L.L.C.



Principal Place of Business
**11277 54TH AVENUE NORTH
SAINT PETERSBURG, FL 33708**

Mailing Address
**11277 54TH AVENUE NORTH
SAINT PETERSBURG, FL 33708**



01072008 No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-2267990

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**HAVENS, JASON E
4400 EAST HIGHWAY 20
SUITE 211
NICEVILLE, FL 32578**

**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

**FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
FRY, GARY
11277 54TH AVENUE NORTH
SAINT PETERSBURG, FL 33708**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
FRY, THOMAS F
11277 54TH AVENUE NORTH
SAINT PETERSBURG, FL 33708**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
INZERILLO, VINCENT
465 SAND ROCK ROAD
LEWISTOWN, PA 17044**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U000000813017
02/12/08-80073-001 138.75

**DO NOT WRITE
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:

Gary Fry **GARY FRY**

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

1-24-08

Date

727-542-7384

Daytime Phone #