

**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 16, 2008 8:00 am**  
**Secretary of State**

04-16-2008 90119 033 \*\*\*138.75

**DOCUMENT # L05000027391**

1. Entity Name

**STADIUM PLACE OF TALLAHASSEE, LLC**



Principal Place of Business

**1311 JACKSON BLUFF ROAD  
TALLAHASSEE, FL 32304**

Mailing Address

**P.O. BOX 20438  
TALLAHASSEE, FL 32316**

**50003811**



03042008 No Chg-LLC

CR2E083 (12/07)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number

**20-2820293**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**MANAUSA, DANIEL E  
3520 THOMASVILLE ROAD, 4TH FLOOR  
TALLAHASSEE, FL 32316**

**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 MGRM  
NAME KASPER, JOSH  
STREET ADDRESS P.O. BOX 20438  
CITY-ST-ZIP TALLAHASSEE, FL 32316

TITLE MGRM  
NAME KASPER, ROB  
STREET ADDRESS P.O. BOX 20438  
CITY-ST-ZIP TALLAHASSEE, FL 32316

TITLE MGRM  
NAME KASPER, ADAM  
STREET ADDRESS P.O. BOX 20438  
CITY-ST-ZIP TALLAHASSEE, FL 32316

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**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:** \_\_\_\_\_

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

Date

Daytime Phone #

*Adam Kasper* 4/14/08 850 222 9176