

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000044036

Entity Name: TACTIC, LLC

FILED
Apr 30, 2008
Secretary of State

Current Principal Place of Business:

1779 N. UNIVERSITY DR, #202
PEMBROKE PINES, FL 33024

New Principal Place of Business:

1779 N. UNIVERSITY DRIVE #202
PEMBROKE PINES, FL 33024

Current Mailing Address:

1779 N. UNIVERSITY DR, #202
PEMBROKE PINES, FL 33024

New Mailing Address:

1779 N. UNIVERSITY DRIVE #202
PEMBROKE PINES, FL 33024

FEI Number: 20-3180618

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

REEVES, B J
6565 TAFT STREET, SUITE 102
HOLLYWOOD, FL 33024 US

Name and Address of New Registered Agent:

REEVES, BJ
1779 N. UNIVERSITY DRIVE #202
PEMBROKE PINES, FL 33024 US

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.

SIGNATURE: B.J. REEVES

04/30/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: RIVIERE, JEAN
Address: 2613 JOHNSON STREET
City-St-Zip: HOLLYWOOD, FL 33020

Title: MGRM () Delete
Name: REEVES, B J
Address: 6565 TAFT STREET, SUITE 102
City-St-Zip: HOLLYWOOD, FL 33024

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGRM (X) Change () Addition
Name: REEVES, BJ
Address: 1779 N. UNIVERSITY DRIVE #202
City-St-Zip: PEMBROKE PINES, FL 33024

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: B.J. REEVES

MGRM

04/30/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date