

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000048626

Entity Name: TACK PARTNERS, LLC

FILED
Apr 30, 2009
Secretary of State

Current Principal Place of Business:

12846 OAKPOINT CIR
FT MYERS, FL 33912

New Principal Place of Business:

Current Mailing Address:

12846 OAKPOINT CIR
FT MYERS, FL 33912

New Mailing Address:

FEI Number: 20-2846634

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MOORE, AMY N
12846 OAKPOINT CIR
FT MYERS, FL 33912 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: MOORE, AMY N
Address: 12846 OAKPOINT CIR
City-St-Zip: FT MYERS, FL 33912

Title: MGR () Delete
Name: LALOR, KATHERINE S
Address: 2601 7TH ST W
City-St-Zip: LEHIGH ACRES, FL 33971

Title: MGRM () Delete
Name: LALOR, CHRISTOPHER M
Address: 2601 7TH ST W
City-St-Zip: LEHIGH ACRES, FL 33971

Title: MGRM () Delete
Name: LALOR, TIMOTHY M
Address: 12846 OAKPOINT CIR
City-St-Zip: FT MYERS, FL 33912

ADDITIONS/CHANGES:

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

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

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

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

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: AMY N. MOORE

MGR

04/30/2009

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