

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 02, 2007 08:00 A
Secretary of State

DOCUMENT # L05000052561

1. Entity Name
TABACON, LLC



Principal Place of Business
117 ST. GEORGE STREET
ST. AUGUSTINE, FL 33084

Mailing Address
117 ST. GEORGE STREET
ST. AUGUSTINE, FL 33084



02232007 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-2911177

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

SHELTRA, THOMAS
117 ST. GEORGE STREET
ST. AUGUSTINE, FL 33084

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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 _____

**Filing Fee is \$50.00
Due by May 1, 2007**

000000654934

03/13/07-80083-016 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE	MGM
NAME	SHELTRA, THOMAS
STREET ADDRESS	117 ST. GEORGE STREET
CITY- ST- ZIP	ST. AUGUSTINE, FL 32084
TITLE	MGM
NAME	SHELTRA, CAROL
STREET ADDRESS	117 ST. GEORGE STREET
CITY- ST- ZIP	ST. AUGUSTINE, FL 32084
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

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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

2/27/07

Date

Daytime Phone # _____