2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT

DOCUMENT # L05000052561

1. Entity Name
TABACON, LLC

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

DO NOT WRITE IN THIS SPACE

03272008No Chg-LLC   CR2E083 (12/07)

4. FEI Number	Applied For
20-2911177	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

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	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	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000894508
04/24/08-80030-014 138.75

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: _Thomas Sheltra_   MGM   4/10/08   904-825-2107

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE   Date   Daytime Phone #