

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000115769

Entity Name: THA SOCIETY LLC

FILED
Mar 07, 2007
Secretary of State

Current Principal Place of Business:

2525 SOUTH MONROE ST.
TALLAHASSEE, FL 32301

New Principal Place of Business:

2221 SOUTH MONROE ST.
UNIT #2
TALLAHASSEE, FL 32301

Current Mailing Address:

1708 HOLTON ST.
TALLAHASSEE, FL 32301

New Mailing Address:

FEI Number: 20-3869223

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

COPPIN, TRIMMEL K
1708 HOLTON ST.
TALLAHASSEE, FL 32301 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: MGRM () Delete
Name: COPPIN, TRIMMEL K
Address: 1708 HOLTON ST.
City-St-Zip: TALLAHASSEE, FL 32301

Title: MGRM () Delete
Name: SIMON, LUCANO S
Address: 191 QUINCY ST.
City-St-Zip: BROOKLYN, NY 11216

Title: MGRM () Delete
Name: MARKLAND, SEAN H
Address: 1708 HOLTON ST.
City-St-Zip: TALLAHASSEE, FL 32301

ADDITIONS/CHANGES:

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

Title: MGRM (X) Change () Addition
Name: SIMON, LUCANO S
Address: 1708 HOLTON ST.
City-St-Zip: TALLAHASSEE, FL 32310

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

I hereby certify that the information supplied with this filing does not qualify for the 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: SEAN MARKLAND

MGM

03/07/2007

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