

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000023848

FILED
Jul 14, 2008
Secretary of State

Entity Name: TAPAS LLC

Current Principal Place of Business:

811 SPRINGWOOD CIRCLE
BRADENTON, FL 34212

New Principal Place of Business:

Current Mailing Address:

130 NINA DRIVE
YORK, PA 17402

New Mailing Address:

FEI Number: 20-5343330 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

AQUINO, THOMAS
811 SPRING WOOD CIRCLE
BRADENTON, FL 34212 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: _____

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: AQUINO, THOMAS
Address: 811 SPRING WOOD CIRCLE
City-St-Zip: BRADENTON, FL 34212

Title: MGRM () Delete
Name: AQUINO, PAMELA
Address: 811 SPRING WOOD CIRCLE
City-St-Zip: BRADENTON, FL 34212

Title: MGRM () Delete
Name: AQUINO, THOMAS JR
Address: 811 SPRING WOOD CIRCLE
City-St-Zip: BRADENTON, FL 34212

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:

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: THOMAS AQUINO SR

MGR

07/14/2008

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