

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000024396

Entity Name: TAILORED SETUP, LLC

FILED
Apr 02, 2007
Secretary of State

Current Principal Place of Business:

4205 SPIGLASS CT
WINTER HAVEN, FL 33884 US

New Principal Place of Business:

4205 SPYGLASS CT
WINTER HAVEN, FL 33884 US

Current Mailing Address:

4205 SPIGLASS CT
WINTER HAVEN, FL 33884 US

New Mailing Address:

4205 SPYGLASS CT
WINTER HAVEN, FL 33884 US

FEI Number: 20-4444890

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MILLER, STEVE
4205 SPIGLASS CT
WINTER HAVEN, FL 33884 US

Name and Address of New Registered Agent:

MILLER, STEVE
4205 SPYGLASS CT
WINTER HAVEN, FL 33884 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: STEVE MILLER

04/02/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: MILLER, STEVE
Address: 4205 SPIGLASS CT
City-St-Zip: WINTER HAVEN, FL 33884 US

Title: MGRM () Delete
Name: ALDRICH, TRACY
Address: 1217 A NORTH LAKE REEDY BLVD
City-St-Zip: FROSTPROOF, FL 33843 US

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: MILLER, STEVE
Address: 4205 SPYGLASS CT
City-St-Zip: WINTER HAVEN, FL 33884 US

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: STEVE MILLER

MGRM

04/02/2007

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