

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 31, 2008 8:00 am
Secretary of State

03-31-2008 90270 041 ***138.75

DOCUMENT # L06000038081

1. Entity Name
TATNIC, LLC



Principal Place of Business
8527 10TH AVENUE WEST
BRANDENTON, FL 34209

Mailing Address
8527 10TH AVENUE WEST
BRANDENTON, FL 34209

60018434



2. Principal Place of Business - No P.O. Box #

8527 10TH AVENUE WEST

3. Mailing Address

8527 10TH AVENUE WEST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03192008

Chg-LLC

CR2E083 (12/06)

City & State

BRADENTON, FL

City & State

BRADENTON, FL

4. FEI Number

20-4761008

Applied For

Not Applicable

Zip

34209

Country

Zip

34209

Country

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ESPARZA, SANDRA
8527 10TH AVENUE WEST
BRANDENTON, FL 34209

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGR ☐ Delete
NAME ESPARZA, SANDRA
STREET ADDRESS 8527 10TH AVENUE WEST
CITY-ST-ZIP BRANDENTON, FL 34209

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE MGR ☐ Delete
NAME ESPARZA, FRANCISCO
STREET ADDRESS 8527 10TH AVENUE WEST
CITY-ST-ZIP BRANDENTON, FL 34209

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #