

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000065928

Entity Name: HOUSE OF TARTTS, LLC

FILED  
Jan 09, 2008  
Secretary of State

**Current Principal Place of Business:**

50 AVENUE F  
APALACHICOLA, FL 32320

**New Principal Place of Business:**

**Current Mailing Address:**

25 5TH STREET  
APALACHICOLA, FL 32320

**New Mailing Address:**

FEI Number:

FEI Number Applied For ( )

FEI Number Not Applicable (X)

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

TARTT, INNES  
25 5TH STREET  
APALACHICOLA, FL 32320 US

**Name and Address of New Registered Agent:**

TARTT, OUIDA  
25 5TH STREET  
APALACHICOLA, FL 32320 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: OUIDA S. TARTT

01/09/2008

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: TARTT, INNES  
Address: 25 5TH STREET  
City-St-Zip: APALACHICOLA, FL 32320

Title: MGRM ( ) Delete  
Name: TARTT, OUIDA  
Address: 25 5TH STREET  
City-St-Zip: APALACHICOLA, FL 32320

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: TARTT, OUIDA S  
Address: 25 5TH STREET  
City-St-Zip: APALACHICOLA, FL 32320

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: OUIDA S. TARTT

MGR

01/09/2008

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