ANNUAL REPORT

DOCUMENT # L06000108008

1. Entity Name

TACKETT ENTERPRISES LLC



Principal Place of Business

37 WOODHAM AVENUE FORT WALTON BEACH, FL 32547 Mailing Address

37 WOODHAM AVENUE

FORT WALTON BEACH, FL 32547

FILED Feb 28, 2008 08:00 AM Secretary of State



02162008 No Chg-LLC

CR2E083 (12/07)

5. Certificate of Status Desired	 \$5.00	Additional
20-5847489	F	Not Applicable
4. FEI Number		Applied For

6. Name and Address of Current Registered Agent

DO NOT WRITE IN THIS SPACE

TACKETT, THERESA E 37 WOODHAM AVE FORT WALTON BEACH, FL 32547

DO NOT WRITE IN THIS SPACE

	e named entity submits this statement for the purpose of changinations of registered agent.	ng its registered office or registered agent, or bot	h, in the State of Florida.	I am familiar with, and accept
SIGNATURE	Signature, typed or printed name of registered agent and title if applicable	(NOTE; Registered Agent signature required when reinstating)		DATE

FILE NOW!!!-FEE 18:\$138.75 After May 1, 2008 Fee will be \$538.75

9.	MANAGING MEMBERS/MANAGERS
TITLE	MGRM
NAME	TACKETT, MICHAEL W
STREET ADDRESS	37 WOODHAM AVE
CITY-ST-ZIP	FORT WALTON BEACH, FL 32547
TITLE	MGRM .
NAME	TACKETT, THERESA E
STREET ADDRESS	37 WOODHAM AVE
CITY+ST-ZIP	FORT WALTON BEACH, FL 32547
TITLE	
NAME	•
STREET ADDRESS	
CITY-ST-ZIP	
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NAME	•
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NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
44 Lharaby	certify that the information expedied with this filling does not available for the ex-

03/11/08-80057-017-138-75

DO NOT WRITE

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 DE LES M. Jackette
SIGNATURE AND TYPED OR PRINTED NAME OF BIGNING MANAGING MEMBER. OR AUTHORIZED REPRESENTATIVE

2/25/08

850-843-1263

Daytime Phone #