

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000024669

Entity Name: TADARN, LLC

FILED
May 21, 2009
Secretary of State

Current Principal Place of Business:

10054 HARRISON - WILLSHIRE RD
CONVOY, OH 45832

New Principal Place of Business:

Current Mailing Address:

10054 HARRISON - WILLSHIRE RD
CONVOY, OH 45832

New Mailing Address:

FEI Number: 06-1836495 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:

STEELE, ROXANNE S
119 ST. JOHNS WAY E
APOLLO BEACH, FL 33572 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: STEELE, ROXANNE S
Address: 10054 HARRISON - WILLSHIRE RD
City-St-Zip: CONVOY, OH 45832

Title: MGRM () Delete
Name: FREY, KENT J
Address: 13923 ELM-SUGAR RD
City-St-Zip: SCOTTY, OH 45886

Title: MGRM () Delete
Name: MILLER, DONNA J
Address: 10735 HIDDEN OAK WAY
City-St-Zip: INDIANAPOLIS, IN 46236

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: ROXANNE S STEELE

MGR

05/21/2009

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