

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 09, 2008 8:00 am
Secretary of State

01-09-2008 90021 018 ***138.75

DOCUMENT # L07000068515 1. Entity Name TALLAHASSEE CHINESE MEDICINE LLC																																																																													
Principal Place of Business 1695-3 METROPOLITAN CIRCLE ✓ TALLAHASSEE, FL 32308			Mailing Address 1695-3 METROPOLITAN CIRCLE ✓ TALLAHASSEE, FL 32308																																																																										
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.																																																																										
City & State			City & State																																																																										
Zip		Country		Zip																																																																									
Country		Country		4. FEI Number 22-3965857																																																																									
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable																																																																									
6. Name and Address of Current Registered Agent SPIEGEL & UTRERA, P.A. ✓ 1840 SW 22ND ST. 4TH FLOOR MIAMI, FL 33145				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City																																																																									
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.				\$5.00 Additional Fee Required																																																																									
SIGNATURE _____ (NOTE: Registered Agent signature required when reappointing)																																																																													
DATE _____																																																																													
FILE NOW!!! FEE IS \$438.75 After May 1, 2008 Fee will be \$538.75			Make check payable to Florida Department of State																																																																										
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th colspan="3" style="text-align: left; padding: 5px;">9. MANAGING MEMBERS/MANAGERS</th> <th colspan="3" style="text-align: left; padding: 5px;">10. ADDITIONS/CHANGES</th> </tr> <tr> <td style="width: 15%; padding: 5px;">TITLE</td> <td style="width: 65%; padding: 5px;">MGR THOMAS, CRAIG</td> <td style="width: 20%; padding: 5px;"><input type="checkbox"/> Delete</td> <td style="width: 15%; padding: 5px;">TITLE</td> <td style="width: 65%; padding: 5px;"></td> <td style="width: 20%; padding: 5px;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td style="padding: 5px;">NAME</td> <td style="padding: 5px;">1695-3 METROPOLITAN CIRCLE</td> <td></td> <td style="padding: 5px;">NAME</td> <td style="padding: 5px;"></td> <td></td> </tr> <tr> <td style="padding: 5px;">STREET ADDRESS</td> <td style="padding: 5px;">TALLAHASSEE, FL 32308</td> <td></td> <td style="padding: 5px;">STREET ADDRESS</td> <td style="padding: 5px;"></td> <td></td> </tr> <tr> <td style="padding: 5px;">CITY-ST-ZIP</td> <td style="padding: 5px;"></td> <td></td> <td style="padding: 5px;">CITY-ST-ZIP</td> <td style="padding: 5px;"></td> <td></td> </tr> <tr> <td style="padding: 5px;">CITY-ST-ZIP</td> <td style="padding: 5px;"></td> <td></td> <td style="padding: 5px;">CITY-ST-ZIP</td> <td style="padding: 5px;"></td> <td></td> </tr> <tr> <td style="padding: 5px;">CITY-ST-ZIP</td> <td style="padding: 5px;"></td> <td></td> <td style="padding: 5px;">CITY-ST-ZIP</td> <td style="padding: 5px;"></td> <td></td> </tr> <tr> <td style="padding: 5px;">CITY-ST-ZIP</td> <td style="padding: 5px;"></td> <td></td> <td style="padding: 5px;">CITY-ST-ZIP</td> <td style="padding: 5px;"></td> <td></td> </tr> <tr> <td style="padding: 5px;">CITY-ST-ZIP</td> <td style="padding: 5px;"></td> <td></td> <td style="padding: 5px;">CITY-ST-ZIP</td> <td style="padding: 5px;"></td> <td></td> </tr> <tr> <td style="padding: 5px;">CITY-ST-ZIP</td> <td style="padding: 5px;"></td> <td></td> <td style="padding: 5px;">CITY-ST-ZIP</td> <td style="padding: 5px;"></td> <td></td> </tr> <tr> <td style="padding: 5px;">CITY-ST-ZIP</td> <td style="padding: 5px;"></td> <td></td> <td style="padding: 5px;">CITY-ST-ZIP</td> <td style="padding: 5px;"></td> <td></td> </tr> <tr> <td style="padding: 5px;">CITY-ST-ZIP</td> <td style="padding: 5px;"></td> <td></td> <td style="padding: 5px;">CITY-ST-ZIP</td> <td style="padding: 5px;"></td> <td></td> </tr> </table>						9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES			TITLE	MGR THOMAS, CRAIG	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME	1695-3 METROPOLITAN CIRCLE		NAME			STREET ADDRESS	TALLAHASSEE, FL 32308		STREET ADDRESS			CITY-ST-ZIP			CITY-ST-ZIP			CITY-ST-ZIP			CITY-ST-ZIP			CITY-ST-ZIP			CITY-ST-ZIP			CITY-ST-ZIP			CITY-ST-ZIP			CITY-ST-ZIP			CITY-ST-ZIP			CITY-ST-ZIP			CITY-ST-ZIP			CITY-ST-ZIP			CITY-ST-ZIP			CITY-ST-ZIP			CITY-ST-ZIP		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES																																																																										
TITLE	MGR THOMAS, CRAIG	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition																																																																								
NAME	1695-3 METROPOLITAN CIRCLE		NAME																																																																										
STREET ADDRESS	TALLAHASSEE, FL 32308		STREET ADDRESS																																																																										
CITY-ST-ZIP			CITY-ST-ZIP																																																																										
CITY-ST-ZIP			CITY-ST-ZIP																																																																										
CITY-ST-ZIP			CITY-ST-ZIP																																																																										
CITY-ST-ZIP			CITY-ST-ZIP																																																																										
CITY-ST-ZIP			CITY-ST-ZIP																																																																										
CITY-ST-ZIP			CITY-ST-ZIP																																																																										
CITY-ST-ZIP			CITY-ST-ZIP																																																																										
CITY-ST-ZIP			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: _____ 1/8/8 850-222-8261																																																																													
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE																																																																													