


# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

9/8/2008-90048-029-\$143.75 **FILED**

08 SEP 25 AM 11:23

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

<b>DOCUMENT # L07000081244</b> 1. Entity Name <b>TANTRIC SOUNDS, LLC</b>					
Principal Place of Business <b>110 N POPLAR AVE SANFORD, FL 32771</b>			Mailing Address <b>2284 KNOLLWOOD DR LEESBURG, FL 34748</b>		
2. Principal Place of Business - No P.O. Box # <b>1318 N. 14th St</b>		3. Mailing Address Suite, Apt. #, etc.			
City & State <b>Leesburg FL</b>		City & State		4. FFI Number <b>26-0135551</b>	
Zip <b>34748</b>		Country <b>USA</b>		5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>MURPHY, ANGELA 2284 KNOLLWOOD DR LEESBURG, FL 34748</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____ (NOTE: Registered Agent signature required when relistening) DATE _____					
<b>FILE NOW!!! FEE IS \$138.75 Due by September 12, 2008</b>		In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.		Make check payable to <b>Florida Department of State</b>	
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MURPHY, RONAL 2284 KNOLLWOOD DR LEESBURG, FL 34748	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MURPHY, ANGELA 2284 KNOLLWOOD OR LEESBURG, FL 34748	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
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.					
<b>SIGNATURE:</b> <u>Anne L. Murphy</u> <u>7-9-08</u> <u>352-504-5998</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGER, MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>					