

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000014852

**FILED**  
**Jan 24, 2012**  
**Secretary of State**

**Entity Name:** TURF TACTICS, LLC

**Current Principal Place of Business:**

14155 WAKE ROBIN DR.  
BROOKSVILLE, FL 34604

**New Principal Place of Business:**

**Current Mailing Address:**

3069 ANDERSON SNOW RD.  
PMB 109  
SPRING HILL, FL 34609

**New Mailing Address:**

14155 WAKE ROBIN DR.  
BROOKSVILLE, FL 34604

**FEI Number:** 26-1932343

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

MOLKA, JASON N  
14155 WAKE ROBIN DR.  
BROOKSVILLE, FL 34604 US

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

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:** MGRM  
**Name:** MOLKA, JASON N  
**Address:** 14155 WAKE ROBIN DR.  
**City-St-Zip:** BROOKSVILLE, FL 34604

**Title:** MGRM  
**Name:** LEATHERS, SHANNA M  
**Address:** 14690 EDGEMERE DR.  
**City-St-Zip:** SPRING HILL, FL 34609

**Title:** MGRM  
**Name:** LEATHERS, RONALD M  
**Address:** 14690 EDGEMERE DR.  
**City-St-Zip:** SPRING HILL, FL 34609

I hereby 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:** JASON N MOLKA

MGRM

01/24/2012

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