

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000015706

FILED  
Mar 24, 2009  
Secretary of State

Entity Name: TAGALT, LLC

**Current Principal Place of Business:**

14024 N.W. US 441  
ALACHUA, FL 32615

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 1857  
ALACHUA, FL 32616

**New Mailing Address:**

FEI Number: 30-0467779

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

WIGGINS, J ARDENE  
14024 N.W. US 441  
ALACHUA, FL 32615 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 ( ) Delete  
Name: WIGGINS, J ARDENE  
Address: PO BOX 1857  
City-St-Zip: ALACHUA, FL 32616

Title: MGRM ( ) Delete  
Name: WIGGINS, AMANDA  
Address: PO BOX 1857  
City-St-Zip: ALACHUA, FL 32616

Title: MGRM ( ) Delete  
Name: FIELDS, HEATHER  
Address: PO BOX 1857  
City-St-Zip: ALACHUA, FL 32616

Title: MGRM ( ) Delete  
Name: FIELDS, ERIC  
Address: PO BOX 1857  
City-St-Zip: ALACHUA, FL 32616

**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:

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: J. ARDENE WIGGINS

P

03/24/2009

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