

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000029473

FILED
Aug 17, 2009
Secretary of State

Entity Name: TAPAS & FUN LLC

Current Principal Place of Business:

4723 TROUT RIVER CROSSING
ELLENTON, FL 34222

New Principal Place of Business:

Current Mailing Address:

P O BOX 1026
ELLENTON, FL 34222

New Mailing Address:

FEI Number: 26-2393967 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:

SORIANO, FATIMA
4723 TROUT RIVER CROSSING
ELLENTON, FL 34222 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:

ADDITIONS/CHANGES:

Title: MGR () Delete
Name: SORIANO, FATIMA
Address: 4723 TROUT RIVER CROSSING
City-St-Zip: ELLENTON, FL 34222

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGR () Delete
Name: JOHNSON, BRUCE
Address: 4723 TROUT RIVER CROSSING
City-St-Zip: ELLENTON, FL 34222

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: S () Delete
Name: SORIANO, FATIMA
Address: 4723 TROUT RIVER CROSSING
City-St-Zip: ELLENTON, FL 34222

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: T () Delete
Name: JOHNSON, CHRIS
Address: 4723 TROUT RIVER CROSSING
City-St-Zip: ELLENTON, FL 34222

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: FATIMA SORIANO

MGR

08/17/2009

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