

# 2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000029473

FILED  
Apr 10, 2012  
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:**

4723 TROUT RIVER CROSSING  
ELLENTON, FL 34222

FEI Number: 26-2393967

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

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

Title: MGR  
Name: JOHNSEN, BRUCE  
Address: 4723 TROUT RIVER CROSSING  
City-St-Zip: ELLENTON, FL 34222

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

Title: T  
Name: JOHNSEN, CHRIS  
Address: 4723 TROUT RIVER CROSSING  
City-St-Zip: ELLENTON, FL 34222

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: FATIMA SORIANO

MNG

04/10/2012

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