## 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

## DOCUMENT# L08000055425

FARMER, SABRINA

500 SE 17TH STREET SUITE 224

FORT LAUDERDALE, FL 33316 US

Name:

Address:

City-St-Zip:

Entity Name: TAS-MANIA, LLC

FILED Aug 06, 2009 Secretary of State

Current Principal Place of Business:			New Principal P	New Principal Place of Business:		
SUITE 224	TH STREET      JDERDALE, FL 33316	US	3001 SE 5TH ST FORT LAUDERE			
Current M	lailing Address:		New Mailing Ad	dress:		
SUITE 224	TH STREET      JDERDALE, FL 33316	US				
In accordan	ce with s. 607.193(2)(b), F.S.		FEI Number Not Applicable ( pany did not receive the prior		)	
Name and	Address of Current Re	egistered Agent:	Name and Addre	ess of New Registered Agent:		
SUITE 224 FORT LAU	TH STREET      JDERDALE, FL 33316		urpose of changing its regi	stered office or registered agent, or b	ot	
	e of Florida.	o datament for the p	an pood of offariging to rog.	otorou ombo or rogictorou agont, or a		
SIGNATUR	RE:					
	Electronic Signatu	re of Registered Age	nt	Date		
MANAGING MEMBERS/MANAGERS:		ADDITIONS/CHANG	ES:			
Title: Name: Address: City-St-Zip:	MGRM () Delete FARMER, ADRIAN 2721 SW 34TH AVE FORT LAUDERDALE, FL 3	3312 US	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition		
Title: Name: Address: City-St-Zip:	MGRM () Delete TORTORA, MARK 1021 SE 11TH CT FORT LAUDERDALE, FL 3	3316 US	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition		
Title: Name: Address: City-St-Zip:	MGRM () Delete AVERY, MICHAEL 500 SE 17TH STREET SUI FORT LAUDERDALE, FL 3		Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition		
Title:	MGRM ( ) Delete		Title:	( ) Change ( ) Addition		

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.

Name:

Address:

City-St-Zip:

SIGNATURE: MICHAEL AVERY MGRM 08/06/2009