

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000060426

Entity Name: TAG EVENTING, LLC

**FILED**  
**May 03, 2010**  
**Secretary of State**

**Current Principal Place of Business:**

27 WEST POINT DRIVE  
CRAWFORDVILLE, FL 32327

**New Principal Place of Business:**

**Current Mailing Address:**

27 WEST POINT DRIVE  
CRAWFORDVILLE, FL 32327

**New Mailing Address:**

FEI Number: 27-0405766      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:**

GILBERT, DURENE E  
27 WEST POINT DRIVE  
CRAWFORDVILLE, FL 32327      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:**

Title: MGR  
Name: GILBERT, DURENE E  
Address: 27 WEST POINT DRIVE  
City-St-Zip: CRAWFORDVILLE, FL 32327 US

Title: MGRM  
Name: GILBERT, TYLER A  
Address: 27 WEST POINT DRIVE  
City-St-Zip: CRAWFORDVILLE, FL 32327 US

Title: MGRM  
Name: GILBERT, TERRY  
Address: 27 WEST POINT DRIVE  
City-St-Zip: CRAWFORDVILLE, FL 32327 US

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: DURENE E. GILBERT

MGR

05/03/2010

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