

# 2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L11000072660

FILED  
Feb 07, 2012  
Secretary of State

**Entity Name:** TANTALIZING TASTES AND TOURS, LLC

**Current Principal Place of Business:**

1929 S KIRKMAN RD  
123  
ORLANDO, FL 32811

**New Principal Place of Business:**

**Current Mailing Address:**

1929 S KIRKMAN RD  
123  
ORLANDO, FL 32811

**New Mailing Address:**

**FEI Number:** 45-1500884

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

GRAHAM, JASMINE  
1929 S KIRKMAN RD  
123  
ORLANDO, FL 32811 US

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

BACON, JASMINE  
1929 S KIRKMAN RD  
123  
ORLANDO, FL 32811 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: JASMINE BACON

02/07/2012

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: BACON, JASMINE  
Address: 1929 S KIRKMAN RD #123  
City-St-Zip: ORLANDO, FL 32811

Title: MGR  
Name: BACON, JERRY  
Address: 1929 S KIRKMAN RD #123  
City-St-Zip: ORLANDO, FL 32811

Title: MGR  
Name: BACON, JASMINE  
Address: 1929 S KIRKMAN RD #123  
City-St-Zip: ORLANDO, FL 32811

Title: MGRM  
Name: BACON, JASMINE  
Address: 1929 S KIRKMAN RD #123  
City-St-Zip: ORLANDO, FL 32811

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: JASMINE BACON

MGRM

02/07/2012

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