

2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L11000128240

FILED
Apr 02, 2012
Secretary of State

Entity Name: INKPOT OF TALLAHASSEE, LLC

Current Principal Place of Business:

1887 OX BOW TRACE
TALLAHASSEE, FL 32312

New Principal Place of Business:

Current Mailing Address:

1887 OX BOW TRACE
TALLAHASSEE, FL 32312

New Mailing Address:

FEI Number: 45-3800050

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BLACK, JOHN W
2155 DELTA BLVD STE 210-A
TALLAHASSEE, FL 32303 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: MACLEOD, VALERIE J
Address: 1887 OX BOW TRACE
City-St-Zip: TALLAHASSEE, FL 32312

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: VALERIE MACLEOD

OWNE

04/02/2012

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