

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L97000000743

1. Entity Name
TALLAFIRMA, L.C.

FILED

00 JAN 12 AM 8:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

8870 CAPITAL CIRCLE NE, SUITE 4
TALLAHASSEE FL 32308

Mailing Address

P.O. BOX 14369
TALLAHASSEE FL 32317-4369

2. Principal Place of Business

2646 Millstone Plantation Rd

3. Mailing Address

Suite, Apt. #, etc.

City & State

Tallahassee, FL

City & State

4. FEI Number

59-3458087

Applied For

Not Applicable

Zip

Country

32312

USA

Zip

Country

5. Certificate of Status Desired

☒

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LANGSTON, D LANCE

1017 THOMASVILLE RD, SUITE C

TALLAHASSEE FL 32303

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE NAME MGRM ☐ Delete
STREET ADDRESS TIMM, BRUCE B
CITY- ST- ZIP 8870 CAPITAL CIRCLE NE, SUITE 4
TALLAHASSEE FL 32308

TITLE NAME ☒ Change ☐ Addition
STREET ADDRESS 2646 Millstone Plantation Rd
CITY- ST- ZIP Tallahassee, FL 32312

TITLE NAME ☐ Delete
STREET ADDRESS
CITY- ST- ZIP

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS 400003099734--6
CITY- ST- ZIP -01/14/00--01100--022

TITLE NAME ☐ Delete
STREET ADDRESS
CITY- ST- ZIP

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS *****55.00 *****55.00
CITY- ST- ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY- ST- ZIP

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY- ST- ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY- ST- ZIP

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY- ST- ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY- ST- ZIP

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY- ST- ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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:

Signature of Managing Member
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

01-05-00

Date

850-894-0515

Daytime Phone #