

# 2001 UNIFORM BUSINESS REPORT (UBR)

0003654 AF

DOCUMENT # L97000000743

1. Entity Name  
TALLAFIRMA, L.C.

FILED

01 FEB 26 AM 11:32

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business  
2646 MILLSTONE PLANTATION ROAD  
TALLAHASSEE FL 32312

Mailing Address  
~~P.O. BOX 14309~~  
TALLAHASSEE FL ~~32317~~

2. Principal Place of Business  
Suite, Apt. #, etc.

3. Mailing Address  
2646 Millstone Plantation Rd  
Suite, Apt. #, etc.

City & State  
Tallahassee, FL

4. FEI Number  
59-3458087

Applied For  
Not Applicable

Zip  
32312

Country  
USA

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent  
  
LANGSTON, D LANCE  
~~1017 THOMASVILLE RD, SUITE C~~  
~~TALLAHASSEE FL 32303~~

7. Name and Address of New Registered Agent  
Name  
Bruce B. Timm  
Street Address (P.O. Box Number is Not Acceptable)  
2646 Millstone Plantation Road  
City  
Tallahassee FL Zip Code  
32312

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 Bruce B. Timm, Managing Member 02-21-01  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

02-27-01-01148-019  
\*\*\*\*\*50.00 \*\*\*\*\*50.00

9. MANAGING MEMBERS/MEMBERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM TIMM, BRUCE B 2646 MILLSTONE PLANTATION ROAD TALLAHASSEE FL 32312 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Bruce B. Timm, Managing Member 02-21-01  
850-893-7872  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (11/00)