

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT (AR) - DUE BY MAY 1, 2008**

DOCUMENT # M05000000218

1. Entity Name

GAMEDAY TALLAHASSEE, LLC



FILED
May 28, 2008 8:00 am
Secretary of State

05-28-2008 90140 028 ***138.75

Principal Place of Business

2555 CUMBERLAND PARKWAY, SUITE 200
ATLANTA GA 30339

Mailing Address

2555 CUMBERLAND PARKWAY, SUITE 200
ATLANTA GA 30339



2. Principal Place of Business - No P.O. Box #

3235 SATELLITE BLVD

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

BLDG 400, SUITE 300

City & State

DUNWOOD, GEORGIA

City & State

Zip

30096

Country

Zip

Country

1st MOORE

CR2E083 (10/07)

4. FEI Number

80-0093009

Applied For

Not Applicable

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

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reappointing)

DATE

FILE NOW!!! FEE IS \$138.75

After May 1, 2008, Fee Will Be \$538.75

Make Check Payable to Florida Department of State

9. MANAGING MEMBERS / MANAGERS

10. ADDITIONS / CHANGES

TITLE NAME STREET ADDRESS CITY - ST - ZIP	DELETE	TITLE NAME STREET ADDRESS CITY - ST - ZIP	CHANGE	ADDITION
MGRM DOBLAR, DUANE D 2555 CUMBERLAND PKWY, STE 200 ATLANTA GA 30339	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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:

Duane Doblar

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #