

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000024550

FILED
Apr 28, 2008
Secretary of State

Entity Name: FIN, FUR & FEATHERS, LLC

Current Principal Place of Business:

702 SW FALCON STREET
PALM CITY, FL 34990 US

New Principal Place of Business:

Current Mailing Address:

702 SW FALCON STREET
PALM CITY, FL 34990 US

New Mailing Address:

FEI Number: 84-1642435

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301 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: MGMR () Delete
Name: WEISENSEEL, GERALD E
Address: 702 SW FALCON STREET
City-St-Zip: PALM CITY, FL 34990 US

Title: MGMR () Delete
Name: STANFORD, JOHN
Address: 702 SW FALCON STREET
City-St-Zip: PALM CITY, FL 34990 US

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGMR (X) Change () Addition
Name: WEISENSEEL, MARILYN
Address: 702 SW FALCON STREET
City-St-Zip: PALM CITY, FL 34990 US

Title: MGMR () Change (X) Addition
Name: CROSS, LYNNE M
Address: 9339 GRAPEVIEW BLVD
City-St-Zip: WEST PALM BEACH, FL 33412

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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: GERALD E. WEISENSEEL

MGMR

04/28/2008

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