2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # L05000000686

1. Entity Name FLMAC, LLC



FILED Jan 10, 2008 08:00 Al Secretary of State

Principal Place of Business

3277 FRUITVILLE ROAD

UNIT F

SARASOTA, FL 34237

Mailing Address

3277 FRUITVILLE ROAD

UNIT F

SARASOTA, FL 34237



01032008 No Chg-LLC

CR2E083 (12/07)

4.	FEI Number		Applied For
	20-2131852		Not Applicable
5.	Certificate of Status Desired	\$5.00 Fee Rec	Additional

6. Name and Address of Current Registered Agent

TILLIS, FRANK W JR 3277 FRUITVILLE ROAD UNIT F SARASOTA, FL 34237 DO NOT WRITE IN THIS SPACE

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 reinstating)

DATE

FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75

U00000778910 01/11/08-80016-012 138.75

9.	MANAGING MEMBERS/MANAGERS				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM TILLIS, FRANK W JR. 3277 FRUITVILLE ROAD, UNIT F SARASOTA, FL 34237				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SEWELL, LARRY E 3277F FRUITVILLE RD SARASOTA, FL 34237				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR VALENTICH, MICHAEL A 3277F FRUITVILLE RD SARASOTA, FL 34237				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR WILSON, CHARLES H III 3277F FRUITVILLE RD SARASOTA, FL 34237				
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
44. I harabu cartifu that the information conclined with this filling does not qualify for the ave					

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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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 of the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

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

941-365-514

Daytime Phone ≱