

**FILED**  
**Jun 05, 2008 8:00 am**  
**Secretary of State**

04-30-2008 90042 004 \*\*\*138.75

**2008 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT # L05600030025

1. Entity Name  
**FLEIS GROUP, LLC**



30008798



05222008 Chg-LLC CR2E083 (12/08)

4. FEI Number: 20-0191400 Applied For Not Applicable

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

Principal Place of Business 1275 S PATRICK DRIVE H SATELLITE BEACH, FL 32937 US		Mailing Address 1275 S PATRICK DRIVE H SATELLITE BEACH, FL 32937 US	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

6. Name and Address of Current Registered Agent

FLICK, JAMES J  
~~442 LAKE AVENUE~~ **B203 S Conway Rd, 106**  
**ORLANDO, FL 32801** **Orlando FL 32812**

7. Name and Address of New Registered Agent

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 \_\_\_\_\_ DATE \_\_\_\_\_  
(NOTE: Registered Agent signature required when changing)

**FILE NOW!! FEE IS \$638.75**  
**Due by September 12, 2008**

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE	MGMR	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FLEIS, EDWARD M		NAME		
STREET ADDRESS	1275 S PATRICK DRIVE STE H		STREET ADDRESS		
CITY - ST - ZIP	SATELLITE BEACH, FL 32937		CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		

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 or the receiver or trustee empowered to execute this report as required by Chapter 60B, Florida Statutes.

SIGNATURE: *Edward M. Fleis* **MANAGING MEMBER** **5.29.08** **321-779-2173**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

ATTACHMENT

30008798

4/24/2008

Florida Department of State

\*\*138.75

One Hundred Thirty-Eight and 75/100\*\*\*\*\*

Florida Department of State  
Division of Corporations  
PO BOX 1500  
Tallahassee FL 32302-1500

L05000030025

Florida Department of State

4/24/2008

8500 · Taxes & Fees:8540 · Fees, Permit annual corp report

138.75

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