

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000055507

FILED  
Feb 12, 2008  
Secretary of State

Entity Name: FERRENA ENTERPRISES, LLC

**Current Principal Place of Business:**

101 PALM HARBOR PARKWAY  
UNIT 101 & UNIT 102  
PALM COAST, FL 32137

**New Principal Place of Business:**

**Current Mailing Address:**

54 COLONIAL COURT  
PALM COAST, FL 32137

**New Mailing Address:**

FEI Number: 51-0545019

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

FERRENA, MARCELLA  
54 COLONIAL COURT  
PALM COAST, FL 32137 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: MGR ( ) Delete  
Name: FERRENA, ALIDA  
Address: 53 COLONIAL COURT  
City-St-Zip: PALM COAST, FL 32137

Title: MGR ( ) Delete  
Name: FERRENA, MARCELLA  
Address: 54 COLONIAL COURT  
City-St-Zip: PALM COAST, FL 32137

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: FERRENA, ALIDA  
Address: 53 COLONIAL COURT  
City-St-Zip: PALM COAST, FL 32137

Title: MGRM (X) Change ( ) Addition  
Name: FERRENA, MARCELLA  
Address: 54 COLONIAL COURT  
City-St-Zip: PALM COAST, FL 32137

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: MARCELLA FERRENA

MGRM

02/12/2008

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