2008 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

FILED
Jul 25, 2008
Secretary of State

DOCUMENT# L06000049731

Entity Name: FUNS, LLC

Current Principal Place of Business:

17667 N. DALE MABRY
LUTZ, FL 33548

New Principal Place of Business:

Current Mailing Address:

17667 N. DALE MABRY
LUTZ, FL 33548

New Mailing Address:

FEI Number: 20-4894222 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ESTES, SCOTT
17667 N. DALE MABRY
LUTZ, FL 33548 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: SCHITTINO, FRANK
Address: 17667 N. DALE MABRY
City-St-Zip: LUTZ, FL 33548

Title: MGRM ( ) Delete
Name: ESTES, SCOTT
Address: 17667 N. DALE MABRY
City-St-Zip: LUTZ, FL 33548

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

ADDITIONS/CHANGES:

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

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

Title: MGRM ( ) Change (X) Addition
Name: BAUMGARDNER, CHRISTINE
Address: 17667 N. DALE MABRY
City-St-Zip: LUTZ, FL 33548

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: SCOTT ESTES MGRM 07/25/2008

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