

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000029733

FILED  
Jul 07, 2008  
Secretary of State

Entity Name: THE FUSS, LLC

**Current Principal Place of Business:**

220 REID AVENUE  
PORT SAINT JOE, FL 32456

**New Principal Place of Business:**

**Current Mailing Address:**

9054 COCKLES AVENUE  
PORT SAINT JOE, FL 32456

**New Mailing Address:**

FEI Number: 20-8664959      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

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

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

SPRING, LAUREN E  
9054 COCKLES AVENUE  
PORT SAINT JOE, FL 32456      US

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: MGRM      ( ) Delete  
Name: SPRING, LAUREN E  
Address: 9054 COCKLES AVE  
City-St-Zip: PORT SAINT JOE, FL 32456

Title: MGRM      ( ) Delete  
Name: SPRING, SAMUEL R  
Address: 9054 COCKLES AVENUE  
City-St-Zip: PORT SAINT JOE, FL 32456

**ADDITIONS/CHANGES:**

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

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

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: LAUREN SPRING

MGRM

07/07/2008

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