

2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L15000130664

Entity Name: FOOFERKAPOOFER, LLC

Current Principal Place of Business:

135 RIVER WOODS DR.
ROCKLEDGE, FL 32955

Current Mailing Address:

135 RIVER WOODS DR.
ROCKLEDGE, FL 32955 US

FEI Number: NOT APPLICABLE

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

JOLLY, DAVID B
135 RIVER WOODS DR.
ROCKLEDGE, FL 32955 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

Authorized Person(s) Detail :

Title AMBR
Name JOLLY, DAVID B
Address 135 RIVER WOODS DR.
City-State-Zip: ROCKLEDGE FL 32955

I hereby certify that the information indicated on this report or supplemental 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: DAVID B. JOLLY

AMBR

01/09/2017

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date