


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Sep 15, 2008 08:00 AM
Secretary of State

DOCUMENT # L00000003888 1. Entity Name POOR FOLKS, LLC	
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Principal Place of Business 8047 STMIE AVE NORTH SAINT PETERSBURG, FL 33710	Mailing Address 8047 STMIE AVE NORTH SAINT PETERSBURG, FL 33710
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08192008No Chg-LLC

CR2E083 (12/07)

4. FEI Number 59-3678951	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent FISCHER, JAMES W 8047 STIMIE AVE NORTH SAINT PETERSBURG, FL 33710
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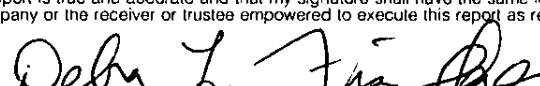
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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.
SIGNATURE _____ <small>Signature: typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE:</small>

FILE NOW!!! FEE IS \$138.75 Due by September 12, 2008	In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.	U000000959759 09/15/08-80005-014 138.75
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9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR FISCHER, JAMES W 8047 STIMIE AVE NORTH SAINT PETERSBURG, FL 33710
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR FISCHER, DEBRA L 8047 STIMIE AVENUE NORTH SAINT PETERSBURG, FL 33710
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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 608, Florida Statutes.
SIGNATURE:  8/18/08 727-381-6000
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>