

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L00000005079

1. Entity Name
FORMOSO CAPITAL MANAGEMENT, L.L.C.



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 SEP 14 AM 9:19

Principal Place of Business
261 EAGLE ESTATE DRIVE
DEBARY, FL 32713

Mailing Address
261 EAGLE ESTATE DRIVE
DEBARY, FL 32713

DO NOT WRITE IN THIS SPACE

06302006No Chg-LLC

CR2E083 (11/05)

4. FEI Number
59-3643006

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

PALMETTO CHARTER SERVICES, INC.
150 MAGNOLIA AVENUE
DAYTONA BEACH, FL 32115-2491

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00
Due by September 6, 2006**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
FORMOSO, GIACINTO
261 EAGLE ESTATE DRIVE
DEBARY, FL 32713

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
FORMOSO, VITA
261 EAGLE ESTATE DRIVE
DEBARY, FL 32713

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
FORMOSO, VITA TRUSTEE
261 EAGLE ESTATE DRIVE
DEBARY, FL 32713

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

600080085466
09/22/06--01040--015 **50.00

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #