

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Apr 08, 2004 8:00 am
Secretary of State

04-08-2004 90275 005 ****50.00

DOCUMENT # L00000012944

1. Entity Name

FUND-RAISING SOLUTIONS OF FLORIDA, LLC



Principal Place of Business

209 LAGO VISTA ST.
DEBARY FL 32713

Mailing Address

209 LAGO VISTA ST.
DEBARY FL 32713

2. Principal Place of Business

1091 Ridge Rd.

Suite, Apt. #, etc.

3. Mailing Address

1091 Ridge Rd.

Suite, Apt. #, etc.

City & State

LONGWOOD, FL

City & State

LONGWOOD, FL

Zip

32750

Country

Zip

32750

Country

4. FEI Number

65-1036655

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

HOBKIRK, GRETCHEN G
209 LAGO VISTA ST.
DEBARY FL 32713

7. Name and Address of New Registered Agent

Name

Gretchen G. Hobkirk

Street Address (P.O. Box Number is Not Acceptable)

1091 Ridge Rd.

City

LONGWOOD

FL

Zip Code

32750

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

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2004

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
HOBKIRK, GRETCHEN G
209 LAGO VISTA ST.
DEBARY FL 32713 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
HOBKIRK, MATTHEW A
209 LAGO VISTA ST.
DEBARY FL 32713 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition
1091 Ridge Rd.
LONGWOOD, FL 32750

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition
1091 Ridge Rd.
LONGWOOD, FL 32750

TITLE
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☐ Change ☐ Addition

TITLE
NAME
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CITY-ST-ZIP
☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

Gretchen Hobkirk

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

4/5/04 407-830-1795

Date

Daytime Phone #