

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jul 23, 2007 8:00 am
Secretary of State

07-23-2007 90077 044 ****50.00

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1. Entity Name
FINANCIAL FREEDOM ONE, LLC



Principal Place of Business
**25740 HICKORY BOULEVARD #344D
BONITA SPRINGS, FL 34134**

Mailing Address *% cpm 5*
**13131 UNIVERSITY DRIVE
FORT MYERS, FL 33907**

00000107



07052007No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
58-2652883

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**BARKER, MELVIN E
25740 HICKORY BLVD, # 344 D
BONITA SPRINGS, FL 34134**

**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 14, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
**MGRM
BARKER, MELVIN E
25740 HICKORY BOULEVARD #344D
BONITA SPRINGS, FL 34134**

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
**MGRM
BARKER, ANNELLA
25740 HICKORY BOULEVARD #344D
BONITA SPRINGS, FL 34134**

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

REC _____ DATE 7-5-07
PROP 237 MGR. TC
GL. # 8845 DIR. _____
CAM ☐ OR OWNER ☐

**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: _____

Pamela VanDyke

7-9-07

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

Date

Daytime Phone #