

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 18, 2008 8:00 am
Secretary of State

01-18-2008 90020 032 ***138.75

DOCUMENT # L01000015568

1. Entity Name

FINANCIAL FREEDOM ONE, LLC



Principal Place of Business

**25740 HICKORY BOULEVARD #344D
BONITA SPRINGS, FL 34134**

Mailing Address

**C/O CPMS
13131 UNIVERSITY DRIVE
FORT MYERS, FL 33907**



01102008 No Chg-LLC

CR2E083 (12/07)

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

**FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75**

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
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CITY - ST - ZIP

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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 #

Parmer K Van Vleet **PARMER K. VAN VLEET** 1/11/08 239-425-6424