

**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED

**Jan 12, 2004 08:00 AM
Secretary of State**

DOCUMENT # L02000009086

1. Entity Name
FMHS HOLDINGS, LLC



Principal Place of Business
985 BIRCH COURT
MARCO ISLAND, FL 34145

Mailing Address
985 BIRCH COURT
MARCO ISLAND, FL 34145



01062004-No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
01-0670374

Applied For
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional
Fee Required**

6. Name and Address of Current Registered Agent

OSTROW, STEPHEN R
229 NORTH COLLIER BLVD
MARCO ISLAND, FL 34145

**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 reissuing)

DATE

**Filing Fee is \$50.00
Due by May 1, 2004**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	HOUSTON, SEAWADON
STREET ADDRESS	985 BIRCH COURT
CITY-ST-ZIP	MARCO ISLAND, FL 34145
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
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TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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01/13/04-80037-025 50.00

**DO NOT WRITE
IN THIS SPACE**

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:

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

Seawadon L. Houston
Date *January 9th 2004* 239-642-4857
Daytime Phone # *6*