

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 03, 2007 8:00 am**  
**Secretary of State**

04-03-2007 90118 008 \*\*\*\*50.00

**DOCUMENT # L02000017980**

1. Entity Name  
**FOLL HOLDING COMPANY, L.L.C.**



Principal Place of Business  
**2845 MARQUESAS COURT  
WINDERMERE, FL 34761**

Mailing Address  
**2845 MARQUESAS COURT  
WINDERMERE, FL 34761**

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip  
**34786**

Country

Zip  
**34786**

Country

03192007

Chg-LLC

CR2E083 (12/06)

4. FEI Number

**05-0526937**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CHAMBERLAIN, PETER L  
2845 MARQUESAS COURT  
WINDERMERE, FL 34761**

Name **CAROLYN J. MELIA**

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

**1007 ROCKWODE DR.**

City **ROCKWODE**

**FL**

Zip Code

**34786 32955**

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 May 1, 2007**

**Make check payable to  
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGR  
CHAMBERLAIN, AUTUMN  
2731 S. MAGUIRE ROAD  
OCOE, FL 347612990** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**2845 MARQUESAS CT.  
WINDERMERE, FL 34786** ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGR  
CHAMBERLAIN, PETER L  
2731 S. MAGUIRE ROAD  
OCOE, FL 347612990** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**2845 MARQUESAS CT.  
WINDERMERE, FL 34786** ☒ Change ☐ Addition

TITLE  
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☐ Change ☐ Addition

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, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #