

**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
May 14, 2004 08:00 AM
Secretary of State

DOCUMENT # L02000023521

1. Entity Name
FLOMUS LLC



Principal Place of Business
**8 KITCHEN ROAD NORTH #2
HUNTSVILLE, ONTARIO
CANADA P1H 1X9,**

Mailing Address
**8 KITCHEN ROAD NORTH #2
HUNTSVILLE, ONTARIO
CANADA P1H 1X9,**

DO NOT WRITE IN THIS SPACE



03032003No Chg-LLC

CR2E083 (10/03)

4. FEI Number
98-0382316

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**NRAI SERVICES, INC.
526 EAST PARK AVENUE
TALLAHASSEE, FL 32301**

**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 8, 2004**

U000000160413
05/14/04-80002-007 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM CAMPBELL, BARRY 8 KITCHEN RD. N., #2 HUNTSVILLE ONTARIO, CA p1hix9
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM CAMPBELL, JEANIE 8 KITCHEN RD. N., #2 HUNTSVILLE ONTARIO, CA p1hix9
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	

**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

Date _____

Daytime Phone # _____