

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 12, 2007 8:00 am
Secretary of State

02-12-2007 90307 013 ****50.00

DOCUMENT # L02000027085

1. Entity Name
F.E.A.T., LLC



Principal Place of Business
**2020 FLEISCHMANN RD
TALLAHASSEE, FL 32308**

Mailing Address
**2020 FLEISCHMANN RD
TALLAHASSEE, FL 32308**



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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01262007 Chg-LLC CR2E083 (12/06)

City & State

City & State

4. FEI Number
46-0504171

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent

**SKILLING, FRANCIS C JR
2020 FLEISCHMANN RD
TALLAHASSEE, FL 32308**

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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

T ☐ Delete
NAME **FORD, JERRY G**
STREET ADDRESS **2020 FLEISCHMANN RD**
CITY-ST-ZIP **TALLAHASSEE, FL 32308**

VP ☐ Delete
NAME **SKILLING, FRANCIS C JR**
STREET ADDRESS **413 MERIDIAN PL**
CITY-ST-ZIP **TALLAHASSEE, FL 32303**

MGRM ☐ Delete
NAME **WEAVER, TONY A**
STREET ADDRESS **6337 HEARTLAND CIR**
CITY-ST-ZIP **TALLAHASSEE, FL 32312**

S ☐ Delete
NAME **KATO, KENNETH P**
STREET ADDRESS **1264 PENNY LN**
CITY-ST-ZIP **TALLAHASSEE, FL 32308**

☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

☐ Change ☐ Addition
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☒ Change ☐ Addition
TITLE
NAME **KATO, KENNETH P.**
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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 #

1/29/07 (850) 878-6161