

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L03000013205

**FILED**  
**May 03, 2010**  
**Secretary of State**

**Entity Name:** THE FENIGOR GROUP LLC

**Current Principal Place of Business:**

2039 SE 15TH STREET  
CAPE CORAL, FL 33990

**New Principal Place of Business:**

**Current Mailing Address:**

2039 SE 15TH STREET  
CAPE CORAL, FL 33990

**New Mailing Address:**

**FEI Number:** 42-1587458      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Name and Address of Current Registered Agent:**

**Name and Address of New Registered Agent:**

HASS, JUSTIN T  
2039 SE 15TH STREET  
CAPE CORAL, FL 33990      US

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.

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGR  
**Name:** HASS, JUSTIN T  
**Address:** 2039 SE 15TH STREET  
**City-St-Zip:** CAPE CORAL, FL 33990

**Title:** MGRM  
**Name:** HASS, PATRICIA G  
**Address:** 2039 SE 15TH STREET  
**City-St-Zip:** CAPE CORAL, FL 33990

**Title:** MGRM  
**Name:** HASS, GOODWIN D JR  
**Address:** 2039 SE 15TH STREET  
**City-St-Zip:** CAPE CORAL, FL 33990

**Title:** MGRM  
**Name:** HASS, CARMEN M  
**Address:** W5229 BOMA ROAD  
**City-St-Zip:** LA CROSSE, WI 54601

I hereby certify that the information indicated on this report is true and accurate and that my electronic 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:** JUSTIN T HASS

MGR

05/03/2010

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date