

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 31, 2008 08:00 AM
Secretary of State

DOCUMENT # L03000018605

1. Entity Name
SQUIRE HOLDINGS, LLC



Principal Place of Business
365 TAFT-VINELAND ROAD
SUITE 105
ORLANDO, FL 32824 US

Mailing Address
365 TAFT-VINELAND ROAD
SUITE 105
ORLANDO, FL 32824 US



03202008 No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number
73-1667701

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

FOUST, KATHLEEN M
17 S. ORLANDO AVE.
KISSIMMEE, FL 34741

**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)

U000000874653
04/11/08 88991-007 138.75
DATE

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$638.75

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
CHALIFOUX, DEBBE R
6105 LAKE LIZZIE DR.
SAINT CLOUD, FL 34771

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
MADISON, PETE
4908 OAK ISLAND RD.
ORLANDO, FL 32809

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
RUSSELL, JOHN B
2645 CHEROKEE RD.
ST. CLOUD, FL 34772

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

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, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

Debbe R. Chalifoux 5/27/08 407-908-5782