2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L03000024402

1. Entity Name
FLC, LLC

Principal Place of Business	Mailing Address
333 THORPE ROAD ORLANDO, FL 32824	333 THORPE ROAD ORLANDO, FL 32824

DO NOT WRITE IN THIS SPACE

02122007No Chg-LLC   CR2E083 (11/05)

4. FEI Number	Applied For
20-0623019	Not Applicable

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

6. Name and Address of Current Registered Agent

CHRISTENSEN, FRED
333 THORPE ROAD
ORLANDO, FL 32824

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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

9.	MANAGING MEMBERS/MANAGERS
TITLE	MGRM
NAME	CHRISTENSEN, FRED
STREET ADDRESS	333 THORPE ROAD
CITY-ST-ZIP	ORLANDO, FL 32824
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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CITY-ST-ZIP	

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03/07/07-80009-013 50.00

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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: _____ Fred Christensen 2/12/07 (407) 888-2929

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE   Date   Daytime Phone #