

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000029376

Entity Name: FERNCRAFT, LLC

FILED
Mar 28, 2008
Secretary of State

Current Principal Place of Business:

% SNYDER FINANCIAL GROUP
705 WEST AZEELE
TAMPA, FL 33609

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 1344
TAMPA, FL 336011344

New Mailing Address:

FEI Number: 37-1478073

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JONES, DON
97 W. BISCAYNE AVE
TAMPA, FL 33606 US

Name and Address of New Registered Agent:

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 () Delete
Name: JOHNSON, JAMES
Address: 5005 S SUNSET BLVD.
City-St-Zip: TAMPA, FL 33629

Title: MGR () Delete
Name: SNYDER, BRUCE
Address: 705 W AZEELE
City-St-Zip: TAMPA, FL 33609

Title: S () Delete
Name: JONES, DON
Address: 97 W. BISCAYNE AVE
City-St-Zip: TAMPA, FL 33606

Title: T () Delete
Name: SIVARD, FRANCIS J
Address: 97 W. BISCAYNE AVE
City-St-Zip: TAMPA, FL 33606

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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: FRANCIS J SIVARD

T

03/28/2008

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