

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L03000039194

1. Entity Name
FLORIDA IDEAL(USA), LLC



Principal Place of Business
420 MONTANA AVE
DAVENPORT, FL 33897

Mailing Address
420 MONTANA AVE
DAVENPORT, FL 33897

DO NOT WRITE IN THIS SPACE



07092008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number
16-1696947

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

BUCKLEY, PATRICIA A
420 MONTANA AVENUE
DAVENPORT, FL 33897

**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 S J Buckley
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

9/6/2008
DATE

**FILE NOW!!! FEE IS \$138.75
Due by September 12, 2008**

In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

U000000959492
09/11/08-80002-009 138.75

9. MANAGING MEMBERS/MANAGERS

TITLE	M
NAME	BUCKLEY, STUART
STREET ADDRESS	420 MONTANA AVENUE
CITY-ST-ZIP	DAVENPORT, FL 33897
TITLE	MM
NAME	BUCKLEY, PATRICIA A
STREET ADDRESS	420 MONTANA AVENUE
CITY-ST-ZIP	DAVENPORT, FL 33897
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
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: S J Buckley
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

9/6/2008
Date

Daytime Phone #