

2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT

DOCUMENT # L03000044492

1. Entity Name
JOHN L. FITCH L.L.C.



Principal Place of Business
1650 GLENRIDGE ST. NW
PALM BAY, FL 32907 US

Mailing Address
1650 GLENRIDGE ST. NW
PALM BAY, FL 32907 US

FILED
Feb 25, 2005 08:00 AM
Secretary of State



02222005 No Chg-LLC

CR2E083 (10/03)

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4. FEI Number
81-0628854

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

FITCH, JOHN L
1650 GLENRIDGE ST. NW
PALM BAY, FL 32907

**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 re/instating)

DATE _____

Filing Fee is \$50.00
Due by May 1, 2005

9. MANAGING MEMBERS/MANAGERS

TITLE MGR
NAME FITCH, JOHN L
STREET ADDRESS 1650 GLENRIDGE ST. NW
CITY-ST-ZIP PALM BAY, FL 32907

TITLE MGR
NAME MEDLOCK-FITCH, DONNA J
STREET ADDRESS 1650 GLENRIDGE ST. NW
CITY-ST-ZIP PALM BAY, FL 32907

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
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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 exemption stated in Section 119.07(3)(i), 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

Feb. 23, 2005

Date

321-722-5091

Daytime Phone #