

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 08, 2008 8:00 am
Secretary of State

05-08-2008 90102 018 ***138.75

DOCUMENT # L03000047869

1. Entity Name
FOUNDATION HOMES, LLC



Principal Place of Business
22746 KILLINGTON BLVD
LAND O' LAKES, FL 34639 US

Mailing Address
22746 KILLINGTON BLVD
LAND O' LAKES, FL 34639 US

60040100



04122008No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number
35-2227065

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

STRATTON, CARL
22746 KILLINGTON BLVD
LAND O LAKES, FL 34639

**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)

DATE

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	STRATTON, CARL
STREET ADDRESS	22746 KILLINGTON BLVD
CITY-ST-ZIP	LAND O' LAKES, FL 34639
TITLE	MGRM
NAME	STRATTON, CYNTHIA
STREET ADDRESS	22746 KILLINGTON BLVD
CITY-ST-ZIP	LAND O' LAKES, FL 34639
TITLE	MGRM
NAME	PETTIT, JOHN
STREET ADDRESS	11902 MANDEVILLA CT.
CITY-ST-ZIP	TAMPA, FL 33626
TITLE	MGRM
NAME	PETTIT, TRACEY
STREET ADDRESS	11902 MANDEVILLA CT.
CITY-ST-ZIP	TAMPA, FL 33626
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:

Cynthia Stratton

4-11-08

813 996-6336

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #