

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED

Feb 14, 2007 08:00 AM
Secretary of State

DOCUMENT # L03000050701

1. Entity Name

CHRIS FOUNTAINE, LLC



Principal Place of Business

9014 BOLTON AVENUE
LOT 56
HUDSON FL 34667

Mailing Address

9014 BOLTON AVENUE
LOT 56
HUDSON FL 34667

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E083 (10/06)

4. FEI Number

20-0482738

Applied For

Not Applicable

5. Certificate of Status Desired



\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FOUNTAIN, CHRIS
9014 BOLTON AVENUE
HUDSON FL 34667

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2007

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
MGRM
FOUNTAIN, CHRIS
STREET ADDRESS
9014 BOLTON AVE 56
CITY- ST- ZIP
HUDSON FL 34667

☐ Delete

TITLE
NAME
MGRM
FOUNTAIN, BETHLYN M
STREET ADDRESS
9014 BOLTON AVENUE
CITY- ST- ZIP
HUDSON FL 34667

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CITY- ST- ZIP

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10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
U00000636011
02/23/07-80038-002 55.00

☐ Change ☐ Addition

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CITY- ST- ZIP

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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

Chris Fountaine
Chris Fountaine

727-
2-12-07 389-3310

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

Date

Daytime Phone #