

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Mar 06, 2006 08:00 AM
Secretary of State

DOCUMENT # L03000054063

1. Entity Name

TOTOBE FORTOGO, LLC



Principal Place of Business

3174 GULFVIEW DRIVE
SPRING HILL FL 34607
US

Mailing Address

3174 GULFVIEW DRIVE
SPRING HILL FL 34607
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E083 (10/05)

4. FEI Number

20-0494818

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

TOTOBE FORTOCO, LLC
3174 GULFVIEW DRIVE
SPRING HILL FL 34607

7. Name and Address of New Registered Agent

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, 2006

9. MANAGING MEMBERS/MANAGERS

TITLE MGRM ☐ Delete
NAME HAMLIN, JON F
STREET ADDRESS 3174 GULFVIEW DRIVE
CITY-ST-ZIP SPRING HILL FL 34607

TITLE MGRM ☐ Delete
NAME HAMLIN, JON C
STREET ADDRESS 3227 HARROW RD
CITY-ST-ZIP SPRING HILL FL 34606

TITLE MGRM ☐ Delete
NAME HAMLIN, JEFFERY S
STREET ADDRESS 3174 GULFVIEW DRIVE
CITY-ST-ZIP SPRING HILL FL 34607

TITLE MGRM ☐ Delete
NAME HAMLIN, JACQUELYN
STREET ADDRESS 3174 GULFVIEW DRIVE
CITY-ST-ZIP SPRING HILL FL 34607

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Add
NAME
STREET ADDRESS
CITY-ST-ZIP
U00000456139
03/16/06-80016-018 50.00

TITLE ☐ Change ☐ Add
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Add
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STREET ADDRESS
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TITLE ☐ Change ☐ Add
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TITLE ☐ Change ☐ Add
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Add
NAME
STREET ADDRESS
CITY-ST-ZIP

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: *Jon F Hamlin* *Jon P Hamlin* *2-5-06* *352-796-963*