

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

FILED
Apr 16, 2008 08:00 AM
Secretary of State



04032008 No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

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

**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

U00000900789
04/29/08-80043-005 138.75

9. MANAGING MEMBERS/MANAGERS

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

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

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

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

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: _____

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

Date

Daytime Phone #

4-11-08

352-684-4444