

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT (AR) - DUE BY MAY 1, 2008**

FILED
Apr 17, 2008 8:00 am
Secretary of State

04-17-2008 90163 049 ***138.75

DOCUMENT # L04000009126

1. Entity Name

FABWORX, LLC



Principal Place of Business

1044 NE PINE ISLAND RD
SUITE 5
CAPE CORAL FL 33909
US

Mailing Address

1044 NE PINE ISLAND RD
SUITE 5
CAPE CORAL FL 33909
US

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

848 SE 9th St

3. Mailing Address

848 SE 9th St

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Cape Coral

City & State

Cape Coral

Zip

33990

Country

Lee

Zip

33990

Country

Lee

4. FEI Number

16-1691568

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

1st MOORE

CR2E083 (10/07)

6. Name and Address of Current Registered Agent

WIRGIN, ERIC
1044 NE PINE ISLAND RD
SUITE 5
CAPE CORAL FL 33909

7. Name and Address of New Registered Agent

Name

Wirgin Eric

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

848 SE 9th St

City

Cape Coral

FL

Zip Code

33990

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 fee, 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

Make Check Payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE MGR
NAME WIRGIN, ERIC
STREET ADDRESS 1044 NE PINE ISLAND RD., SUITE 5
CITY-ST-ZIP CAPE CORAL FL 33909 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

10. ADDITIONS/CHANGES

TITLE HGR
NAME Wirgin Eric
STREET ADDRESS 848 SE 9th St
CITY-ST-ZIP Cape Coral FL 33990 ☒ Change ☐ Addition

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

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

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

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

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

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 808, Florida Statutes.

SIGNATURE:

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

Date

Daytime Phone #

Eric Wirgin 4-3-08 239 5739353