

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 31, 2008 8:00 am
Secretary of State

01-31-2008 90066 021 ***138.75

DOCUMENT # L04000013589

1. Entity Name
F.U. F. SERVICES, LLC



Principal Place of Business
1100 SOUTH ORLANDO AVENUE
SUITE 301
MAITLAND, FL 32751

Mailing Address
1100 SOUTH ORLANDO AVENUE
SUITE 301
MAITLAND, FL 32751

60005124



01212008No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-0785832

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

HOESLY, RICK
1100 SOUTH ORLANDO AVENUE
SUITE 301
MAITLAND, FL 32751

**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
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
HOESLY, RICK
1100 SOUTH ORLANDO AVENUE, SUITE 301
MAITLAND, FL 32751

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
HOESLY, KIM
1100 SOUTH ORLANDO AVENUE, SUITE 301
MAITLAND, FL 32751

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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 #

1/28/08