

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 09, 2008 08:00 A
Secretary of State

DOCUMENT # L04000019935

1. Entity Name
FFP HOLDINGS, LLC



Principal Place of Business
2231 WEST HIGHWAY 44
EUSTIS, FL 32726

Mailing Address
2231 WEST HIGHWAY 44
EUSTIS, FL 32726



02262008 No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number 34-1985012	Applied For <input type="checkbox"/>
	Not Applicable <input type="checkbox"/>

5. Certificate of Status Desired ☐ **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

BROWN, THOMAS H
2231 WEST HIGHWAY 44
EUSTIS, FL 32726

**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

U000000888471
04/22/08-80016-003 138.75

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	BROWN, THOMAS H
STREET ADDRESS	2231 WEST HIGHWAY 44
CITY-ST-ZIP	EUSTIS, FL 32726

TITLE	MGR
NAME	BROWN, JERRY P
STREET ADDRESS	2231 WEST HIGHWAY 44
CITY-ST-ZIP	EUSTIS, FL 32726

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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 #

4-15-08