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

## Apr 25, 2008 8:00 am Secretary of State DOCUMENT # L04000021077 1. Entity Name 04-25-2008 90015 032 \*\*\*138.75 FLECK HOLDINGS, LLC Principal Place of Business Mailing Address 10820 WONDER LANE WINDERMERE FL 34786 10820 WONDER LANE WINDERMERE FL 34786 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E083 (10/07) City & State City & State 4. FEI Number Applied For 90-0152018 Not Applicable Country Zip Zip Country \$5.00 Additional 5. Certificate of Status Desired $\Box$ Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name FLECK, PETER J Street Address (P.O. Box Number is Not Acceptable) 10820 WONDER LANE WINDERMERE FL 34786 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 \$138.75 After May 1, 2008, Fee Will Be \$538.75 Make Check Payable to Florida Department of State 9. MANAGING MEMBERS/MANAGERS 10 ADDITIONS/CHANGES TITLE **MGRM** ☐ Delete TITLE Change ☐ Addition FLECK, PETER J NAME NAME STREET ADDRESS 10820 WONDER LANE STREET ADDRESS CITY-ST-ZIP WINDERMERE FL 34786 CITY-ST-ZiP MGR ☐ Delete Title Change ■ Addition NAME FLECK, KARI P NAME STREET ADDRESS 10820 WONDER LANE STREET ADDRESS CITY - ST - ZIP WINDERMERE FL 34786 CITY-ST-ZIP TITLE MGRM ☐ Delete TITLE Change ☐ Addition NAME FLECK, RICHARD T NAME STREET ADDRESS 1843 RAINTREE LANE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP VENICE FL 34293 TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition HAME NAME STREET ADDRESS STREET ADDRESS CITY- ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS 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 of the recognition state empowered to execute this report as required by Chapter 608, Florida Statutes. 3.24.00

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

**FILED** 

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