

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 02, 2005 8:00 am**  
**Secretary of State**

05-02-2005 90106 045 \*\*\*\*55.00

**DOCUMENT # L04000029922**

1. Entity Name  
**SAMINCO, LLC**



Principal Place of Business  
**2121 MAIN STREET  
SUITE C  
SARASOTA, FL 34237 US**

Mailing Address  
**2121 MAIN STREET-  
SUITE C-  
SARASOTA, FL 34237 US**

**20052406**



2. Principal Place of Business  
**12811 N. NEBRASKA AVE.  
Suite, Apt. #, etc.**

3. Mailing Address  
**20904 ORCHARDTOWN DR.  
Suite, Apt. #, etc.**

**SUITE J**

City & State  
**TAMPA, FL**

City & State  
**LAND O' LAKES**

Zip  
**33612**

Country

Zip  
**34638**

Country

02282005 Chg-LLC CR2E083 (10/03)

4. FEI Number  
**20-1027591**

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**OLSON, ANTHONY E  
2121 MAIN STREET  
SUITE G  
SARASOTA, FL 34237**

**7. Name and Address of New Registered Agent**

Name  
**KENNETH FONDERSON**  
Street Address (P.O. Box Number is Not Acceptable)  
**20904 ORCHARDTOWN DRIVE**  
City  
**LAND O' LAKES** **FL** Zip Code  
**34638-7651**

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]*

**KENNETH FONDERSON, PRESIDENT**

**4/30/2005**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00  
Due by May 1, 2005**

**Make check payable to  
Florida Department of State**

**9. MANAGING MEMBERS/MANAGERS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGRM  
FONDERSON, KENNETH  
2121 MAIN STREET, SUITE C  
SARASOTA, FL 34237** ☐ 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  
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

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 exemption stated in Section 119.07(3)(i), 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]*

**KENNETH FONDERSON**

**4/30/2005**

**813-792-7570**

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

Date

Daytime Phone #