


**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Mar 13, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L04000049334</b> 1. Entity Name F.O. ENTERPRISES, LLC		
Principal Place of Business 9124 GALLUP CIRCLE SPRING HILL, FL 34609		Mailing Address 9124 GALLUP CIRCLE SPRING HILL, FL 34609
<b>DO NOT WRITE IN THIS SPACE</b>		
6. Name and Address of Current Registered Agent  PASTORE, JOSEPH 9124 GALLUP CIRCLE SPRING HILL, FL 34609		<b>DO NOT WRITE IN THIS SPACE</b>
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 _____ (NOTE: Registered Agent signature required when reappointing) Signature, typed or printed name of registered agent and title if applicable (DATE)		
<b>FILE NOW!!! FEE IS \$138.75</b> <b>After May 1, 2008 Fee will be \$538.75</b>		
9. MANAGING MEMBERS/MANAGERS		<b>DO NOT WRITE IN THIS SPACE</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR PASTORE, JOSEPH 9124 GALLUP CIRCLE SPRING HILL, FL 34609	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR EATON, ROBERT 7343 JOMEL DRIVE SPRING HILL, FL 34607	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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.  <b>SIGNATURE:</b> _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE  Date: 3/10/08 Daytime Phone #: (352) 683-5682		



03102008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number  
20-1316742

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

000000856732  
03/28/08-80025-001 138.75