

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 19, 2007 8:00 am
Secretary of State

01-19-2007 90065 030 ****50.00

DOCUMENT # L04000069838

1. Entity Name
FS VENTURES, LLC



Principal Place of Business
**301 S. GRADY AVE.
TAMPA, FL 33609**

Mailing Address
**301 S. GRADY AVE.
TAMPA, FL 33609**

00004143

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

201 E. Kennedy Blvd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Ste 1111

City & State

City & State

Tampa, FL

Zip

Country

Zip

33602

Country

USA

01112007

Chg-LLC

CR2E083 (12/06)

4. FEI Number

20-1677611

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SILCOX, FRANK C
301 S. GRADY AVE.
TAMPA, FL 33609**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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

**Filing Fee is \$50.00
Due by May 1, 2007**

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

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
SILCOX, FRANK C MGR
301 S. GRADY AVE
TAMPA, FL 33609** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
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CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Change ☐ Addition

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:

Frank C. Silcox

Frank C. Silcox

1-11-07

813-209-0004

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

Date

Daytime Phone #