

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

DOCUMENT # L04000072401

1. Entity Name
FAM DAM, LLC



Principal Place of Business
**700 51ST STREET SOUTH
GULFPORT, FL 33707**

Mailing Address
**P.O. BOX 530096
ST. PETERSBURG, FL 33747-0096**

FILED
Apr 21, 2008 08:00 A
Secretary of State



02202008No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number
55-0884637

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST.
4TH FLOOR
MIAMI, FL 33145**

**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**

U000000910237
05/06/08-80102-008 138.75

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MGR
WINANS, CARL
700 51ST STREET SOUTH
GULFPORT, FL 33707**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MGR
WINANS, BRADFORD
700 51ST STREET SOUTH
GULFPORT, FL 33707**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**S
WINANS, PHYLLIS
700 51ST STREET SOUTH
GULFPORT, FL 33707**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**T
SPARACINO, LYNELLE
700 51ST STREET SOUTH
GULFPORT, FL 33707**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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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: Lynelle W. Sparacino Lynelle W. Sparacino 4-17-08 727-328-0102

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

Date

Daytime Phone #