

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 02, 2006 8:00 am
Secretary of State

02-02-2006 90091 010 ****50.00

DOCUMENT # L04000076674

1. Entity Name
FRESH MINISTRIES-KLUTHO, LLC



Principal Place of Business
**1830 NORTH MAIN STREET
SUITE 5
JACKSONVILLE, FL 32206 US**

Mailing Address
**1830 NORTH MAIN STREET
SUITE 5
JACKSONVILLE, FL 32206 US**

20004441



01202006No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
11-3731933

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**VANHORN, CRAIG
1830 NORTH MAIN STREET
SUITE 5
JACKSONVILLE, FL 32206**

**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 _____

**Filing Fee is \$50.00
Due by May 1, 2006**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	VANHORN, CRAIG
STREET ADDRESS	1830 NORTH MAIN STREET
CITY-ST-ZIP	JACKSONVILLE, FL 32206
TITLE	MGRM
NAME	SYMBIOSIS INVESTMENTS, LLC
STREET ADDRESS	1830 NORTH MAIN STREET
CITY-ST-ZIP	JACKSONVILLE, FL 32206
TITLE	MGRM
NAME	BRYANT, MICHAEL L
STREET ADDRESS	1830 NORTH MAIN STREET
CITY-ST-ZIP	JACKSONVILLE, FL 32206
TITLE	MGRM
NAME	FRESH MINISTRIES
STREET ADDRESS	1830 NORTH MAIN STREET
CITY-ST-ZIP	JACKSONVILLE, FL 32206
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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: _____

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

1-20-06

Date

904-777-0963

Daytime Phone #