

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 02, 2007 08:00 A
Secretary of State

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



04112007 No 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, 2007

U00000757345
05/23/07-80066-025 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
VANHORN, CRAIG
1830 NORTH MAIN STREET
JACKSONVILLE, FL 32206

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
SYMBIOSIS INVESTMENTS, LLC
1830 NORTH MAIN STREET
JACKSONVILLE, FL 32206

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
BRYANT, MICHAEL L
1830 NORTH MAIN STREET
JACKSONVILLE, FL 32206

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
FRESH MINISTRIES
1830 NORTH MAIN STREET
JACKSONVILLE, FL 32206

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
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: _____

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

Date

Daytime Phone #

4-27-07

904-994-3403