

**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**May 01, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # L04000080266**

1. Entity Name  
**F & A LLC**



Principal Place of Business

5220 BRITTANY DRIVE S.  
BUILDING 5, UNIT 304  
ST. PETERSBURG, FL 33715

Mailing Address

5220 BRITTANY DRIVE S.  
BUILDING 5, UNIT 304  
ST. PETERSBURG, FL 33715



04282008 No Chg-LLC

CR2E083 (12/07)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**20-1853623**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

VAN WINKLE, MARY E  
2815 PROCTOR ROAD  
SARASOTA, FL 34231

**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**

U000000936994  
05/27/08-80032-009 138.75

9. MANAGING MEMBERS/MANAGERS

TITLE MGR  
NAME FRAZIER, ROBERT C SR.  
STREET ADDRESS 5220 BRITTANY DRIVE S., BLDG. 5, UNIT 304  
CITY-ST-ZIP ST. PETERSBURG, FL 33715

TITLE MGR  
NAME FRAZIER, CONNIE  
STREET ADDRESS 3286 EDINGTON ROAD  
CITY-ST-ZIP FAIRLAWN, OH 44333

TITLE MGR  
NAME NEWBAUER, JEROME  
STREET ADDRESS 1459 KARL ROAD  
CITY-ST-ZIP COPLEY, OH 44321

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:** C Robert Ritchey C. ROBERT RITCHEY 04/28/08 330-666-0337 X135

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

Date

Daytime Phone #