2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 11, 2005 8:00 am
Secretary of State

02-07-2005 90278 022 ****50.00

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02042005 Chg-LLC CR2E083 (10/03)

DOCUMENT # L04000088935

1. Entity Name
FEDERATION MODELS, LLC

Principal Place of Business	Mailing Address
1332 MALABAR RD. SE PALM BAY, FL 32907	1332 MALABAR RD. SE PALM BAY, FL 32907

2. Principal Place of Business		3. Mailing Address	
Federation Models		Federation Models	
Suite, Apt. #, etc. 1332 Malabar Rd SE		Suite, Apt. #, etc. 1332 Malabar Rd. SE.	
City & State Palm Bay, FL.		City & State Palm Bay FL	
Zip 32907	Country Brevard	Zip 32907	Country Brevard

4. FEI Number 38-3570180 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

BROWNFIELD, TRACY
3502 LAKES OF MELBOURNE DR.
MELBOURNE, FL 32904

7. Name and Address of New Registered Agent

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, 2005

Make check payable to Florida Department of State

9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS / CHANGES		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Owner/Manager Tracy Brownfield 3502 Lakes of Melbourne Dr. Melbourne, FL. 32904	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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] TRACY BROWNFIELD 2/5/05 321-409-9465
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #