

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L04000088935



1. Entity Name
FEDERATION MODELS, LLC

Principal Place of Business
1332 MALABAR ROAD SOUTHEAST
PALM BAY, FL 32907

Mailing Address
1332 MALABAR ROAD SOUTHEAST
PALM BAY, FL 32907

2. Principal Place of Business - No P.O. Box #

554 CACTI CT

3. Mailing Address

PO BOX 110796

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

PALM BAY FL

City & State

PALM BAY FL

Zip

32907

Country

BREVARD

Zip

32911-0796

Country

BREVARD

6. Name and Address of Current Registered Agent

BROWNFIELD, TRACY
554 CACTI CT.
PALM BAY, FL 32907

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 TRACY BROWNFIELD

Signature, typed or printed name of registered agent and title if applicable.

Tracy Brownfield

DATE

(NOTE: Registered agent signature required when reinstating)

FILE NOW!!! FEE IS \$138.75
Due by September 12, 2008

In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10.

ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

MGR
BROWNFIELD, TRACY
554 CACTI CT.
PALM BAY, FL 32907

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

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: Tracy Brownfield

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

Date

Daytime Phone #

9/17/08 321-409-9465

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