

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L04000088935

1. Entity Name  
FEDERATION MODELS, LLC



FILED

2008 SEP 24 PM 5:09

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



07032008 Chg-LLC CR2E083 (12/06)

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

4. FEI Number  
38-3570180

Applied For  
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$5.00 Additional  
Fee Required

## 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.

(NOTE: Registered Agent signature required when reinstating)

DATE

**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

TITLE MGR ☐ Delete  
NAME BROWNFIELD, TRACY  
STREET ADDRESS 554 CACTI CT.  
CITY-ST-ZIP PALM BAY, FL 32907

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

## 10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS 100136248941  
CITY-ST-ZIP 09/23/08--01020--021 \*\*138.75

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

9/17/08 321-409-9465

Date

Daytime Phone #