

**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Feb 26, 2007 08:00 A**  
**Secretary of State**

**DOCUMENT # L04000091218**

1. Entity Name  
**FIRST CLASS LLC**



Principal Place of Business  
**675 S THOMPSON AVE  
LECANTO, FL 34461-8663**

Mailing Address  
**675 S THOMPSON AVE  
LECANTO, FL 34461-8663**



02222007No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**83-0414231**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

**DONNELLY, SUSAN E MGRM  
9872 E TRYON CT  
INVERNESS, FL 34450**

**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**

**9. MANAGING MEMBERS/MANAGERS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DONNELLY, SUSAN E 675 S THOMPSON AVE LECANTO, FL 344618663
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DONNELLY, RICHARD 675 S THOMPSON AVE LECANTO, FL 344618663
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DONNELLY, RICHARD JR 675 S THOMPSON AVE LECANTO, FL 344618663
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DONNELLY, PETER 675 S THOMPSON AVE LECANTO, FL 344618663
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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03/07/07-80043-007 55.00

**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:** Susan Donnelly SUSAN DONNELLY  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

2-22-07

Date

352 527 4430

Daytime Phone #